

Applicant/Tenant Name: _____

Address: _____

Date: _____

Phone #: _____

Zero Income Checklist and Worksheet

This Checklist and Worksheet is to be completed for all individuals and families reporting less than \$100 per month in total income. The Form must be completed prior to admission and at each recertification (which may be monthly, quarterly or annually). The family is required to submit documentation of amounts claimed. Staff will verify all items.

Part 1 – Food Expenses

Do you or anyone in your household have a Bridge Card through DHHS? Yes ___ No ___

If yes, what is the monthly value of the Bridge Card \$ _____

If no, what is the monthly grocery bill? \$ _____

If no, how do you pay the monthly grocery bill? _____

If someone other than you or members of your household contributes to groceries and/or prepared food, who contributes? _____

What is the average cash and/or value of the **monthly** amount for groceries/prepared meals contributed from all sources? \$ _____ *(This amount is income.)*

*Note: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs **does not** count as income. Food or cash for food contributed by private persons **does** count as income.*

Verification: The family should bring in at least one month's worth of grocery receipts. Receipts are checked to insure family can manage on the amount of food documented.

Part 2 – Paper Products, Cleaning & Grooming Expenses:

2.1 Paper Products

What is the monthly value of paper products used by you and the household? (i.e. toilet paper, paper towels, trash bags, disposable diapers, other paper goods) \$ _____

How do you and/or the household pay for these paper products? _____



If someone other than you or a member of your household contributes to paper products, who contributes? _____

What is the average **monthly** value of cash or contributions for paper products?

..... \$ _____ (*This amount is income.*)

2.2 Grooming Products

What is the monthly value of grooming products and services used by you and your household? (i.e. soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, barber, beautician services etc.).....\$ _____

How do you and/or a member of your household pay for the cost of grooming products and services? _____

If someone other than you or a member of your household contributes to grooming products, who contributes? _____

What is the average **monthly** value of contributions (cash or products) for grooming products?

..... \$ _____ (*This amount is income.*)

2.3 Cleaning Products

What is the monthly value of cleaning products used by you and/or your household? (i.e. dish soap, laundry detergent, household cleaning products, etc.)\$ _____

How do you and/or members of your household pay for cleaning products?

.....
If someone other than you or a member of your household contributes to cleaning products, who contributes? _____

What is the average **monthly** value of cash or contributions for cleaning products?

..... \$ _____ (*This amount is income.*)

Verification: Most individuals and families buy cleaning supplies, grooming products, and paper products at the grocery store. You must supply us with at least **one month's** receipts to help verify amount spent. Our staff will check the receipts to make sure your family size can manage on the amount documented.

Part 3 - Transportation Expenses

Do you or someone in your household own an automobile?Yes ____ No ____

If yes, are there still payments due on the automobile?Yes ____ No ____

If yes, what is the amount of the monthly car payment?\$ _____

How do you or members of your household pay the automobile payment? _____

If someone other than you or a member of your household contributes to the automobile payment, who contributes? _____

What is the **monthly** amount of contribution toward the automobile payment?

..... \$ _____ (*This amount is income.*)

(The amount is income whether it is cash paid to you, a member of your household, or cash paid directly to the holder of the automobile note or any intermediary.)

If you or members of your household own an automobile(s) outright (no payments are due), list the average monthly amounts the family pays for the following:

Gas.....\$ _____
 Maintenance\$ _____
 Insurance.....\$ _____
 Tires.....\$ _____

How do you or members of your household pay for these auto-related expenses?

If someone other than you or a member of your household contributes to automobile operating costs, who contributes? _____

What is the average **monthly** amount of cash or direct payment contribution to the automobile's operating costs?.....\$ _____ (*This amount is income.*)

Verification: You must provide us with at least **one month's** gas receipts, proof of insurance, and proof of automobile payment (if applicable).

Note: Uninsured/unlicensed/inoperable automobiles cannot be parked on Sault Ste. Marie Housing Commission property.

If neither you nor any member of your household own an automobile, what do you or members of your household use for transportation? _____

How do you or members of your household pay for this transportation? _____

If someone other than you or a member of the household contributes to other transportation costs, what is the average **monthly** amount of cash or other contribution to transportation?

.....\$ _____ (*This amount is income.*)

Verification: A family without a car should provide a credible statement of the way they pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.

Part 4 - Entertainment Expenses

Does the family have cable or satellite TV connection? Yes _____ No _____

If yes, what is the average monthly cost of cable/satellite TV service?....\$ _____

How does your household pay for the cable or satellite TV service? _____

If someone other than your or members of your household contribute to the cost of cable/satellite TV service, who contributes? _____

What is the average **monthly** contribution (in cash or direct payment to the cable/satellite company) for cable/satellite TV?\$ _____ (*This amount is income.*)

What is the average monthly cost of other types of entertainment for your household? Include the following:

Streaming Services (i.e. Netflix, Hulu, Amazon Prime)\$ _____

Movies.....\$ _____

Video Rentals.....\$ _____

Sporting events.....\$ _____

Liquor/Beer/Wine.....\$ _____

Lottery tickets/Casino.....\$ _____

Vacations.....\$ _____

Other entertainment.....\$ _____

How do you or members of your household pay for these entertainment costs?

If someone other than you and/or a member of the household contributes to the cost of entertainment, who contributes? _____

What is the average **monthly** contribution (in cash, entertainment provided, or direct payment) for listed entertainment? \$ _____ (*This amount is income.*)

Verification: The family should bring in two monthly bills for cable/satellite TV, plus receipts for other entertainment costs.

Part 5 - Clothing Expenses

What are the ages and sexes of all family members?

Name	Age	Sex
_____	_____	M/F
_____	_____	M/F
_____	_____	M/F
_____	_____	M/F
_____	_____	M/F
_____	_____	M/F

What is the average monthly cost for new clothing/shoes for your household? \$ _____

How do you and members of your household pay for clothing and shoes?

If someone other than you or a member of the household contributes to the cost of new clothing, who contributes? _____

What is the average **monthly** contribution (in cash or new clothes/shoes) for clothing? \$ _____ (*This amount is income.*)

What is the monthly amount spent by the family for laundry/dry cleaning clothing? \$ _____

How do you and members of your household pay to clean your clothing?

If someone other than you or a member of the household contributes to the cost of cleaning clothing, who contributes? _____

What is the average **monthly** contribution for clothes cleaning? \$ _____ (*This amount is income.*)

Note: Clothing acquired from Clothing banks or given to the family second hand are not counted as income.

Verification: The family should provide a schedule that shows when clothing and shoes are purchased and the amounts spent. Remember, children will need more clothing and shoes than adults because they are growing.

Part 6 – Tobacco/Vape/Alcohol Expenses

Do you or anyone in the household use tobacco (i.e. cigarettes, pipes, chew, etc.), vape, or consume alcohol?Yes _____ No _____

If yes, what is the average monthly cost for the tobacco/vape/alcohol? \$ _____

How does the family pay for the cost of tobacco/vape/alcohol? _____

Does someone other than you or a member of your household contribute to the cost of tobacco/vape/alcohol? Yes _____ No _____ If yes, who contributes? _____

What is the average **monthly** contribution for tobacco/vape/alcohol?

..... \$ _____ *(This amount is income.)*

Verification: You must provide us with documentation of the brand of tobacco/vape/alcohol used and we will document the least expensive price for that brand in the locality to impute cost.

Part 7 - Communications Expenses

1. Does the household have a landline telephone? Yes _____ No _____

What is the average monthly cost for telephone service? _____

Do you or a household member have a cell phone?Yes _____ No _____

Did you receive the cell phone through a government-funded program? Yes _____ No _____

What is the average monthly cost for cell phone service? \$ _____

How does your household pay for the cost of the landline telephone and cell phone service?

What is the average **monthly** cost (cash or direct payment of telephone service)?

..... \$ _____ *(This amount is income.)*

2. Does the household have an internet and/or WI-FI connection?Yes _____ No _____

If yes, who is the provider? _____

What is the average monthly cost of the connection? _____

How does your household pay for the internet and/or WI-FI connection? _____

If someone other than you or a member of the household contributes to the cost of the internet/WI-FI connection, who contributes? _____

What is the average **monthly** contribution (in cash or direct payment to provider) for internet and/or WI-FI services? \$ _____ *(This amount is income.)*

Verification: You must provide us with at least two months' worth of bills for telephone, internet, WI-FI services as applicable. Our staff will review the bills carefully to determine the average monthly cost for communications services. Government funded cell phones are not considered income.

Part 8 – Shelter Expenses

1. **Applicants ONLY:**

What is the average cost for housing and utilities?..... \$ _____

a. How do you and members of your household pay the cost of shelter?

- b. If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? _____
- c. What is the average monthly contribution to shelter (housing plus utilities)?

- d. If you are receiving assistance for housing, will the person(s) and/or agencies contributing toward shelter continue to do so when the applicant and/or household is admitted to public housing? Yes__ No__ Please explain:

2. **Current Tenants ONLY:**

What is your household's average monthly cost for housing plus utilities? \$ _____

- a. How does the household pay for the cost of shelter? _____
- b. If someone other than your or a member of your household makes a contribution toward shelter cost, who contributes? _____
- c. What is the **monthly** value of the contribution toward shelter?
..... \$ _____ *(This amount is income.)*

Verification: You must provide us with at least on month's documentation of your actual cost for housing and utilities.

Part 9 – Animal Expenses

Does your household have an animal? Yes _____ No _____

If yes, list the monthly expenses for the following:

- a. Food: \$ _____
- b. Veterinary Care: \$ _____
- c. Animal Supplies (i.e. cat litter, bedding, toys): \$ _____

How does your household pay for animal expenses? _____

If someone other than your or a member of your household contributes toward animal care expenses, who contributes? _____

What is the average **monthly** contribution (in cash, services, products, or food) for animal care expenses?..... \$ _____ *(This amount is income.)*

Part 10 – Child Care Expenses

Are there any children in the household? Yes _____ No _____ If yes, how many? _____

Is child support ordered? Yes _____ No _____ If yes, what is the monthly amount of child support ordered? \$ _____

Is child support received? Yes _____ No _____
If yes, what is the amount received? \$ _____ *(This amount is income.)*

If no, please explain: _____

Verification: If child support is not received despite there being an order in place, you must obtain a Payee Status letter from the Friend of the Court for verification.

Do you or anyone in the household pay for childcare services?..... Yes _____ No _____

If yes, what is the monthly cost? \$ _____

Do you receive agency assistance for the cost of childcare?Yes _____ No _____

If yes, what agency? _____

Does anyone outside of the household contribute to monthly childcare expenses? Yes ___ No ___

If yes, who contributes? _____

What is the **monthly** amount contributed to childcare expenses (excluding agency assistance).

..... \$ _____ *(This amount is income.)*

Part 11 – Miscellaneous Expenses

Listed below are a series of additional miscellaneous expenses your household might have. Indicate the monthly amount our household spends on any applicable expenses and the amounts contributed toward the expenses:

- 1. Church Contributions: \$ _____
- 2. Unreimbursed Educational Expenses: \$ _____
- 3. Unreimbursed Job Expenses: \$ _____
- 4. Unreimbursed Medical Expenses: \$ _____

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby certify that all of the information is true and correct. I also understand that all changes in the household income must be reported to the Sault Ste. Marie Housing Commission in WRITING IMMEDIATELY.

Applicant/Tenant: _____ Date: _____

Applicant/Tenant: _____ Date: _____

Applicant/Tenant: _____ Date: _____

PHA Signature: _____ Date: _____

OFFICE USE ONLY:	Annual Household Income: \$ _____
Comments:	

SAULT STE. MARIE HOUSING
COMMISSION

I, _____, DO HEREBY STATE UNDER THE PAINS AND PENALTIES OF PERJURY, THAT I HAVE ABSOLUTELY NO INCOME OF ANY KIND AT THIS TIME.

I UNDERSTAND THAT SHOULD I BEGIN RECEIVING INCOME, I MUST REPORT IT TO THE SAULT STE. MARIE HOUSING COMMISSION WITHIN TEN (10) DAYS FROM THE DATE OF INCEPTION.

I ALSO UNDERSTAND THAT FAILURE TO DO SO COULD RESULT IN TERMINATION OF MY LEASE.

SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO A DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

PHONE NUMBER: _____