



Tenant Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Address of Unit: \_\_\_\_\_  
 \_\_\_\_\_

## ZERO INCOME QUESTIONNAIRE

To claim zero income on the HUD Section 8 housing program, you must have no income from any source except student financial aid, resident service stipends, adoption assistance payments, earned income for full time students **EXCEPT THE HEAD OF HOUSEHOLD OR SPOUSE**, adult foster care payments, compensation from State or local job training programs, and training of resident management staff, property tax rebates, home care payments for developmentally disabled children or adult family members, and deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum.

Please complete the questions below, sign and date and return to our office if you are claiming zero income for housing benefits. Failure to do so will result in your losing your housing assistance.

I, as head of household, or any adult (over the age of 18) living in the above unit, receive income from the following sources:

Wages, including part time, commissions, and overtime:	Yes _____	No _____
TAF or any other source from SRS:	Yes _____	No _____
Social Security Income, including payments received for children:	Yes _____	No _____
SSI Benefits:	Yes _____	No _____
Pensions:	Yes _____	No _____
Interest or Dividend Income:	Yes _____	No _____
V. A. Benefits:	Yes _____	No _____
Baby-sitting Income:	Yes _____	No _____
Recurring periodic gifts:	Yes _____	No _____
Fees:	Yes _____	No _____
Tips:	Yes _____	No _____
Bonuses:	Yes _____	No _____
Salary from family owned businesses:	Yes _____	No _____
Net income from businesses:	Yes _____	No _____
Annuities:	Yes _____	No _____
Insurance Policies:	Yes _____	No _____
Retirement Funds:	Yes _____	No _____
Disability or Death Benefits:	Yes _____	No _____
Workers Compensation:	Yes _____	No _____
Severance Payments:	Yes _____	No _____
Alimony:	Yes _____	No _____
Child Support:	Yes _____	No _____
Winnings paid in periodic payments:	Yes _____	No _____
Rent income of any type:	Yes _____	No _____



How will you pay for rent and utilities?

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How will you pay for food and clothing?

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How will you pay for medical expenses?

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How will you pay for your transportation expenses?

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I understand that if I claim zero income for housing assistance, I must complete this form every 60 days and return it to the housing office. Failure to do so will result in my losing my housing assistance. I agree to notify the housing agency **IN WRITING IMMEDIATELY** if the above information changes.

I certify that the above information is correct. Any false statements will result in my losing my housing assistance.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U. S. as to any matter within its jurisdiction.