

Client Name: _____ Client # _____

ZERO INCOME CHECKLIST AND WORKSHEET VERIFICATION OF NON-CASH CONTRIBUTIONS

1. Food Expenses

Is the family receiving Food Stamps? Yes No If yes, what is the monthly amount? _____

If no, what is the family's average weekly grocery bill? _____

How does the family pay the weekly grocery bill? _____

Who and/or what organization contributes to the grocery bill and/or contributes groceries? _____

Average weekly grocery bill & contributions from all sources x 52 = \$ _____ **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.

2. Cleaning, Grooming and Paper Products Expenses

What is the average weekly value of paper products used by the family? (napkins, toilet paper, paper towels, trash bags, disposable diapers) \$ _____

What is the average weekly value of grooming products and services used by the family? (soap, deodorants, shampoo, dental products, cosmetics, hair products and barber/salons) \$ _____

What is the average weekly value of cleaning products used by the family? (dish soap, detergent & household cleaners) \$ _____

How does the family pay for cleaning, grooming and paper products? _____

Who and/or what organization contributes to the cleaning, grooming and paper products expenses? _____

Total of Average weekly contributions from all sources x 52 = \$ _____ **This amount is income.**

3. TRANSPORTATION EXPENSES

Does the family own a car? Yes No If yes, amount of monthly car payments? _____

Gas? \$ _____ Maintenance? \$ _____ Insurance? \$ _____ If the family does not

have a car, what does the family pay for other transportation such as taxis, buses, trains and airfare? _____

What is the average

monthly amount of cash and direct payment contributions the family receives for transportation? \$ _____

Total average transportation contributions from all sources x 12 = \$ _____ **This amount is income.**

NOTE: Uninsured automobiles cannot be parked on PHA property.

4. ENTERTAINMENT EXPENSES

Does the family have a cable/satellite TV connection? Yes No What is the monthly cost? \$ _____

What are the average monthly costs of Magazines? \$ _____ Movies? \$ _____ Video Rentals? \$ _____ Club

Memberships? \$ _____ Sporting Events? \$ _____ Liquor/Beer/Wine? \$ _____

Lottery Tickets? \$ _____ Vacations? \$ _____ Other Entertainment? \$ _____

Who and/or what organization contributes to entertainment expenses? _____

Average monthly entertainment contributions from all sources x 12 = \$ _____ **This amount is income.**

5. CLOTHING EXPENSES

What is the family's average monthly cost for clothing and shoes? _____ What is the family's average monthly amount spent for laundry, dry cleaning? _____ Who and/or what organization contributes to clothing expenses? _____

Average monthly contribution for clothing expenses x 12 = \$ _____ **This amount is income.**

NOTE: Clothing acquired from Clothing Banks or given to the family second hand is not counted as income.

6. SMOKING EXPENSES

Does anyone in the family's household smoke cigarettes/cigars? Yes No If yes, how does the family pay for cigarettes/cigars? _____

What is the average monthly contribution (in cash, cigarettes/cigars)? \$ _____ x 12 = \$ _____ **This amount is income.**

7. COMMUNICATIONS EXPENSES

Does the family have telephones? Yes No If yes, how many lines? _____ How many cell phones? _____

What is the average monthly cost of combined phone services? _____ Does the family have internet connection? Yes No What is the monthly internet service charge? \$ _____

Average monthly contributions (cash or direct payment to phone/internet companies) \$ _____ x 12 = \$ _____ **This amount is income.**

8. SHELTER EXPENSES

What is family's monthly rent share? \$ _____ How does the family pay their rent share? _____

What is the amount of contribution from others/organizations toward the family rent share? \$ _____

Does the family pay utilities? Yes No How does the family pay utility bills? _____

What is the amount of contribution from others/organizations toward utility bills (cash or direct payment to utility companies) \$ _____ Total contributions for rent & utilities \$ _____ x 12 = \$ _____ **This amount is income.**

9. MEDICAL EXPENSES

Does the family have any unreimbursed medical expenses? Yes No How much per month? \$ _____

How does the family pay for unreimbursed medical expenses? _____

CONTRIBUTIONS FOR MEDICAL COSTS ARE NOT INCOME.

10. MISCELLANEOUS EXPENSES

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expense and the amounts contributed toward the expenses.

Church contributions \$ _____ Unreimbursed Educational Expenses \$ _____ Unreimbursed Child Care Expenses \$ _____

I HEREBY CERTIFY THAT I HAVE ANSWERED THE QUESTIONS ON THIS CHECKLIST TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE AND ABILITY.

Head of Household's Signature _____

Date _____ RHE Specialist Signature _____

Client Name: _____ Client # _____

FOR ROCKVILLE HOUSING ENTERPRISES OFFICE USE ONLY:

COMPUTATION OF FAMILY INCOME

- | | | |
|-----|--|----------|
| 1. | Food Expenses | \$ _____ |
| 2. | Cleaning, Grooming and Paper Products Expenses | \$ _____ |
| 3. | Transportation Expenses | \$ _____ |
| 4. | Entertainment Expenses | \$ _____ |
| 5. | Clothing Expenses | \$ _____ |
| 6. | Smoking Expenses | \$ _____ |
| 7. | Communications Expenses | \$ _____ |
| 8. | Shelter Expenses | \$ _____ |
| 9. | Medical Expenses | \$ _____ |
| 10. | Miscellaneous Expenses | \$ _____ |

TOTAL (attach calculator tape) \$ _____

Signature of Housing Specialist: _____

Date: _____