

### Zero Income Verification

I, \_\_\_\_\_, do hereby certify that I am currently receiving no income from any source.

Please Answer The Following Questions:

	<u>Monthly Cost</u>	<u>Source for Payment</u>
Cost of supplies not covered by food stamps: Such as paper produces, cleaning supplies, personal care items, etc. per month?	\$ _____	_____
Cost of utilities per month?	\$ _____	_____
Do you have a telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	
Cost of telephone per month?	\$ _____	_____
Cost of medical expenses per month?	\$ _____	_____
Cost of clothing per month:		
Cost of purchasing clothes?	\$ _____	_____
Cost of laundering clothes?	\$ _____	_____
Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	
Cost of insurance per month?	\$ _____	_____
Cost of gasoline per month?	\$ _____	_____
Cost of maintenance per month?	\$ _____	_____
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	
Cost of cigarettes per month?	\$ _____	_____
Do you have cable/satellite TV and/or internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	
Cost of service per month?	\$ _____	_____
Other Entertainment	\$ _____	_____
Total Monthly Expenses	\$ _____	_____

I certify that this statement is true to the best of my knowledge and belief. I understand that false statements or information are punished under federal law.

\_\_\_\_\_  
Applicant / Tenant Signature

\_\_\_\_\_  
Date

I have discussed this Certification of Household Income / Expenses with the Applicant / Tenant and assisted in completing the above monthly expenses from information they provided.

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date