

**ZERO INCOME CHECKLIST**

Tenant Name: \_\_\_\_\_

**This checklist is to be completed for all families whose Total Tenant Payment equals the minimum rent for PHAs without minimum rents for all families reporting less than \$100 per month in total income. The form should be completed prior to admission and at each recertification (which may be monthly or quarterly depending on the PHAs policy on reexamination of tenants with minimum rents or zero income). The form first lists all the cash and non-cash contributions the family is receiving and then assists the PHA staff to compute the annual value of such contributions. The family may be required to submit documentation of amounts claimed.**

**1. FOOD EXPENSES:**

Is the family receiving Food Stamps? Yes \_\_\_ No \_\_\_?

If yes, what is the monthly value of food stamps? \$ \_\_\_\_\_

If no, what is the family's monthly grocery bill? \$ \_\_\_\_\_

How does the family pay the monthly grocery bill? \_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to groceries: who contributes? \_\_\_\_\_

Does anyone contribute groceries or prepared food to the family on a regular basis?

Yes \_\_\_ No \_\_\_?

What is the average monthly value of contributions (cash and/or products) for groceries?  
\_\_\_\_\_\*

**\*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.

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**2. PAPER PRODUCT EXPENSES:**

What is the monthly value of paper products used by the family? (Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers) \$ \_\_\_\_\_

How does the family pay for these paper products? \_\_\_\_\_

Does anyone contribute paper products to the family on a regular basis?

Yes \_\_\_ No \_\_\_

If someone other than a member of the applicant/tenant family contributes to paper products, who contributes? \_\_\_\_\_

What is the average monthly value of contributions (cash and/or products) for paper products?  
\_\_\_\_\_\*

**\*This amount is income.**

**3. GROOMING EXPENSES:**

What is the monthly value of grooming products used by the family? (Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services etc) \$ \_\_\_\_\_

How does the family pay for the cost of grooming products and services? \_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to grooming products; who contributes? \_\_\_\_\_

What is the average monthly value of contributions (cash and/or products) for grooming?  
\$ \_\_\_\_\_\*

**\*This amount is income.**

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**4. CLEANING PRODUCT EXPENSES:**

What is the average monthly value of cleaning products used by the family? (Include dishwashing soap, laundry detergent, and household cleaning products) \_\_\_\_\_

How does the family pay for cleaning products? \_\_\_\_\_

Does anyone contribute cleaning products to the family on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_?

If someone other than a member of the applicant/tenant family contributes to cleaning products; who contributes? \_\_\_\_\_

What is the average monthly value of contributions (cash and/or products) for cleaning products?  
\$ \_\_\_\_\_\*

**\*This amount is income.**

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**LAUNDRY:**

What is the monthly amount spent by the family for laundry/dry cleaning? \_\_\_\_\_

How does the family pay for cleaning its clothing? \_\_\_\_\_

If someone other than a member of the applicant/tenant household contributes to the cost of cleaning clothing, who contributes? \_\_\_\_\_

What is the average monthly contribution for clothes cleaning? \_\_\_\_\_\*

**\* This amount is income**

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**5. TRANSPORTATION EXPENSES:**

Does this family own a car? Yes \_\_\_\_\_ No \_\_\_\_\_?

If yes, are there still payments due on the car? Yes \_\_\_\_\_ No \_\_\_\_\_?

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

If someone other than a member of the applicant/tenant household contributes to the car payment; who contributes? \_\_\_\_\_

What is the monthly amount of contribution toward the car payment? \$ \_\_\_\_\_\*

**\*This amount is income.**

If the family owns a car outright (no payments are due on the car) what are the average monthly amounts the family pays for the following:

Gas \$ \_\_\_\_\_ Maintenance \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ Tires \$ \_\_\_\_\_

How does the family pay for these auto-related expenses? \_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to the cars operating costs; who contributes? \_\_\_\_\_

What is the average monthly amount of cash or direct payment contribution to the cars operating costs? \$ \_\_\_\_\_ \* **This amount is income.**

**NOTE: Uninsured autos cannot be parked on PHA property.**

If the family does not own a car, what does the family use for transportation? \_\_\_\_\_

How does the family pay for this transportation? \_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? \_\_\_\_\_\*

**\*This amount is income.**

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**6. ENTERTAINMENT EXPENSES:**

Does the family have a cable TV connection? Yes \_\_\_\_\_ No \_\_\_\_\_?

If yes, does the family have the basic min. service or do they have premium channels? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the average monthly cost of cable TV service? \$ \_\_\_\_\_

How does the family pay for the cable TV service?  
\_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to the cost of cable TV service; who contributes? \_\_\_\_\_

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

What are the average monthly costs of other types of entertainment to the family? Include the following:

Magazines \$ \_\_\_\_\_ Movies \$ \_\_\_\_\_ Video Rentals \$ \_\_\_\_\_ Club memberships \$ \_\_\_\_\_

Sporting Events \$ \_\_\_\_\_ Liquor/Beer/Wine \$ \_\_\_\_\_ Lottery tickets \$ \_\_\_\_\_

Vacations \$ \_\_\_\_\_ Other entertainment \$ \_\_\_\_\_

How does the family pay for the other entertainment costs? \_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to the cost of other entertainment; who contributes? \_\_\_\_\_

What is the average monthly contribution (in cash or entertainment provided) for other entertainment? \$ \_\_\_\_\_ \* **This amount is income.**

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**7. CLOTHING EXPENSES:**

What are the ages and sexes of all family members? \_\_\_\_\_

What is the average monthly cost for clothing and shoes for the family? \_\_\_\_\_

How does the family pay for clothing and shoes? \_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to the cost of clothing; who contributes? \_\_\_\_\_

What is the average monthly contribution (in cash or new clothes and shoes) for clothing? \$ \_\_\_\_\_ \*

**\*This amount is income.**

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**8. SMOKING EXPENSES:**

Does anyone in the applicant/tenant household smoke cigarettes or cigars? Yes \_\_\_\_\_ No \_\_\_\_\_?

If yes, how many packs per day are smoked by the smokers in the household? \_\_\_\_\_

How does the family pay for the cost of cigarettes/cigars? \_\_\_\_\_

If someone other than a member of the applicant/tenant household contributes to the cost of smoking; who contributes? \_\_\_\_\_

What is the average monthly contribution (cash and/or products)? \$ \_\_\_\_\_ **\*This amount is income.**

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**9. COMMUNICATIONS EXPENSES:**

Does the family have a home telephone and/or cell phone? Yes \_\_\_\_\_ No \_\_\_\_\_?

What is the home telephone and/or cell phone provider? (please list both if you have both services)  
\_\_\_\_\_

What is the average monthly cost for telephone and or/cell phone service \$ \_\_\_\_\_

How does the family pay for the cost of telephone and/or cell phone service? \_\_\_\_\_

If someone other than a member of the applicant/tenant household contributes to the cost of telephone and or/cell phone service; who contributes?  
\_\_\_\_\_

What is the average monthly contribution (in case or direct payment of telephone bill) for telephone and or/cell phone service? \$ \_\_\_\_\_ **\* This amount is income.**

Does the family have an Internet connection? Yes \_\_\_\_\_ No \_\_\_\_\_?

If yes, who is the Internet provider? \_\_\_\_\_

What is the monthly cost of Internet connection? \$ \_\_\_\_\_

Is there a dedicated telephone line for the Internet? Yes \_\_\_\_\_ No \_\_\_\_\_?

If yes, does the telephone line show on the family's telephone bill? Yes \_\_\_\_\_ No \_\_\_\_\_?  
If no, get a copy of the family's other telephone bill.

How does the family pay for the Internet connection? \_\_\_\_\_

What is the average monthly cost of the Internet connection? \$ \_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to the cost of the Internet connection; who contributes? \_\_\_\_\_

What is the average monthly contribution (in cash or direct payment to the Internet provider) for Internet services? \$ \_\_\_\_\_ \***This amount is income.**

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**10. SHELTER EXPENSES:**

**Applicants, please complete this Section under Shelter Expenses (not yet on program)**

For applicants, what is the average monthly cost for housing and utilities? \_\_\_\_\_

How does the applicant pay the cost of shelter? \_\_\_\_\_

If someone other than a member of the applicant household contributes to housing or utility costs; who contributes? \_\_\_\_\_

What is the average monthly contribution to shelter (housing plus utilities)? \$ \_\_\_\_\_

Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to Public Housing or Section 8? Yes \_\_\_\_\_ No \_\_\_\_\_? If not, why not?  
\_\_\_\_\_

**Tenants, please complete this Section under Shelter Expenses (already on program)**

For tenants, what is the average monthly cost of your portion of the rent? \$ \_\_\_\_\_

How does the tenant pay their portion of rent?  
\_\_\_\_\_

If someone other than a member of the family's household makes a contribution toward the rent; who contributes? \_\_\_\_\_

What is the value of the contribution toward rent? \$ \_\_\_\_\_ \***This amount is income.**

For tenants, what is the average monthly cost of your utility bills (any utilities you are responsible for under your lease (examples: water, sewer, trash, electric, gas, etc.)? \_\_\_\_\_.

If someone other than a member of the family's household makes a contribution toward utilities; who contributes? \_\_\_\_\_

What is the average monthly contribution (in cash or directly to the utility provider)?  
\_\_\_\_\_\*

**\*This amount is income**

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**11. PET EXPENSES:**

Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (please list) \_\_\_\_\_

Is there an additional monthly cost in your rent for pet fees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the additional monthly cost? \_\_\_\_\_

What is the average monthly cost for? Food \_\_\_\_\_

Veterinary expenses \_\_\_\_\_ Flea & Tick supplies \_\_\_\_\_

Medication \_\_\_\_\_ Other \_\_\_\_\_

How does the family pay for these expenses? \_\_\_\_\_

If someone other than a member of the applicant/tenant household contributes toward pet expenses; who contributes?  
\_\_\_\_\_

What is the average monthly contribution (total contributed for all pet expenses)?  
\_\_\_\_\_

**\*This amount is income.**

**12. MISCELLANEOUS EXPENSES:**

**Please list any additional miscellaneous expenses that you may have that are not listed on this checklist. Please provide the expense, the monthly amount, who contributes and the value that is contributed on a monthly basis. You can provide a separate sheet if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form needs to be completed, signed, and returned to our office within ten (10) business days from today's date. If this form is not received in our office by the specified date, we will start proceedings to terminate your Section 8 or Public Housing rental assistance.**

If you have any questions concerning this matter, please contact our office at 513-732-6010.

**I/We certify that the information given to the Clermont Metropolitan Housing Authority on this form is accurate and complete to the best of my/our knowledge and belief.**

\_\_\_\_\_  
SIGNATURE OF CLIENT

\_\_\_\_\_  
DATE

Witnessed by Housing Authority Representative \_\_\_\_\_

Signature & Date