

QUESTIONNAIRE FOR APPLICANTS/RESIDENTS WHO CLAIM ZERO INCOME

Property Name:

Applicant/Resident Name:

Unit Number if applicable:

You have been shown to be at zero income on your submitted verifications since
There are normal living expenses that continue even though you are not actively employed.

We know there is income that is not necessary to include in the countable income. We are asking you to assist us by answering the following questions.

We are trying to make sure that countable income has not been overlooked.

- 1. In the past twelve months, have you had any income from any source? Yes No
- 2. Do you have any money in the bank, or put away somewhere? Yes No
- 3. Do you do any odd jobs like field work, babysitting, etc.? Yes No
- 4. Do your parents, children, friends, or any other person outside of your household give you help to meet your needs? Yes No If so, what kind of help and how often?

- 5. In the past months when you say you have had minimal, or no money, how did you, or do you, pay for the following:
 - A. Rent? _____
 - B. Electricity? _____
 - C. Telephone? _____
 - D. Other utility bills? _____
 - E. How do you buy food? _____
 - F. How do you buy cleaning supplies (dish soap, laundry soap, cleaning supplies, etc.)?

 - G. How do you buy paper supplies (toilet paper, paper towels, etc.)?

 - H. How do you buy personal hygiene items (shaving cream, shampoo, deodorant, etc.)?

 - I. Do you have a washer and dryer? Yes No
If no, how do you pay for Laundromat expenses? _____
 - J. Do you smoke? Yes No If yes, how do you buy cigarettes?

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K. Do you have cable TV? Yes No If yes, how do you pay for this service?

L. How do you get around?

If you own a car how are expenses (gas, oil, insurance, etc) paid?

M. Do you have payments on charge cards or charge accounts? Yes No

If yes, how are they paid? _____

N. Do you have medical expenses? Yes No If yes, how are they paid?

Additional comments:

Signature of Interviewer

Signature of Applicant/Resident

Date

Date

This form is used by projects when they have applicants or residents who have claim zero income.

QUESTIONNAIRE FOR APPLICANTS/RESIDENTS WHO CLAIM ZERO INCOME

**12 MONTH INCOME REPORT FOR APPLICANTS/RESIDENTS CLAIMING
ZERO OR VERY LOW INCOME**

Begin this report form by filling in the current month in the first column and then continue down the page with the preceding months.

Month	Source of Income (Employer, ADC, Support)	Amount of Income (Gross Amount) Self Emp., Family, Etc.)	If Stopped, Why?

I Did Did Not File A Federal Income Tax Report Last Year.

PLEASE READ:

By my signature I certify that the information I have provided above is true and complete to the best of my knowledge and belief. I understand that if I furnish false or incomplete information I can be fined up to \$10,000 or imprisoned up to five years, or lose the subsidy HUD pays and/or have my rent increased.

Signed: _____

Printed Name: _____

Property Name: _____ Unit # _____ Date: _____

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REGULAR MONTHLY HOUSEHOLD EXPENSES

This form will be used to determine the amount of monetary support needed on a monthly basis to sustain the basic household needs and expenses for a household **that has been on minimal or zero income status for a period exceeding three months.** This form is filled out and signed by the Head of Household as indicated on the 50059.

After each heading, please fill in the average monthly expense for each item.

Please fill in each item whether or not the expense is paid by the household.

Household Expenses:

Utilities:

Electric _____

Gas _____

Water & Sewer _____

Car Insurance:

Monthly billing _____

Car Payment:

Monthly billing _____

Gasoline:

Monthly expense _____

Credit Cards:

Monthly expense _____

Loan Payments:

Monthly expense _____

Laundry:

Supplies Expense _____

Laundromat Expense _____

Groceries:

Food Expense _____

Toiletries, paper, etc. _____

Phone:

Monthly billing _____

Cable TV:

Monthly billing _____

Clothing:

Monthly expense _____

Tobacco use:

Monthly expense _____

Total Expense:

(add both columns) _____

Please read:

By my signature I certify that the information I have provided above is true and complete to the best of my knowledge and belief. I understand that if I furnish false or incomplete information I can be fined up to \$10,000 or imprisoned up to five years, or lose the subsidy HUD pays and/or have my rent increased.

Signed: _____ Printed Name: _____

Project Name: _____ Unit #: _____ Date: _____

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Policies & Procedures Related to Zero Income Forms

When processing the HAP payments for a property, an exception report is run each month which checks information on all new submitted certifications

When a household has been determined to be at zero income, the owner/agent makes a note in the household file indicating that the household is reporting zero income and that follow up needs to be completed.

If, after three or four months the household is still at zero income, follow up is initiated. Two forms along with a cover letter are mailed to the applicant/resident. The forms are the **Questionnaire for Tenants Who Have Zero Income AND 12 Month Income Report for Tenants with Zero or Sporadic Income**. The management requests that the applicant/resident complete the forms.

If the resident did not report the income:

1. The owner/agent will complete an interim certification retroactive to the time period when they began receiving the income.
2. The owner/agent then determines how much back rent the resident owes.
3. If the amount is substantial, the project must negotiate a pay back schedule with the tenant.
4. Pay back to HUD may be handled by either:
 - a. Completing a negative manual adjustment on the HAP for the entire amount owed.
 - b. Completing a negative manual adjustment on the HAP after the tenant makes a payment.
5. If a resident household moves from the project prior to paying the amount agreed to in the payment plan, the project should:
 - a. Notify the household members, in writing, that they owe the project for the back rent
 - b. Seek payback through collections or small claims court
 - c. After attempting to collect from the tenant and if unsuccessful, send a letter to the Contract Administrator indicating so.

QUESTIONNAIRE FOR APPLICANTS/RESIDENTS WHO CLAIM ZERO INCOME

**Assisted Housing Complexes
Managed by Human Resource Development & Employment, Inc.**

CERTIFICATION OF LACK OF INCOME

I hereby state that I have no source of income, compensation, or assistance at this time, and I do not expect to have any source of income, compensation, or assistance for the next 60 days.

I understand that sources of public assistance--such as Social Security, Workers' Compensation, Unemployment Compensation, and WV Department of Health and Human Services--will be contacted to verify that I am not receiving benefits. I authorize this check by my signature on HUD forms 9887 and 9887A.

I understand that I am required to immediately report to Management any source of income, compensation, or assistance that becomes available to me at any time.

I understand that failure to properly report any income, compensation, or assistance can result in the loss of my housing subsidy and possible termination of my lease.

SIGNATURE _____ DATE _____

THIS CERTIFICATION MUST BE NOTARIZED BELOW.

State of West Virginia
County of _____, To-Wit:

The forgoing instrument was acknowledged before me this ____ day of _____, 20__.

My commission expires:

Notary Public
Notary Seal

