

**Head of Household:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Zero Income Checklist and Worksheet: Verification of Non-case Contributions**

Please review and return with supporting documents.

**This Checklist and Worksheet is to be completed for all families whose Total Tenant Payment equals the minimum rent, for PHA's without minimum rents, or for all families reporting less than \$100 per month in total income. The form should be completed prior to admission at each recertification (which may be monthly, quarterly or annually depending on the PHA's policy on the re-examination of tenants with minimum rents was zero income). The form first lists all the cash and non-cash contributions. This form should be completed after the home visit to an applicant or a home inspection the resident. The family is required to submit documentation 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 weekly grocery bill? \$ \_\_\_\_\_.

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

What is the average cashed weekly amount for groceries contributed from all sources? \$ \_\_\_\_\_. **This amount is income.**

Does anyone contribute groceries or prepare food for the family on a regular basis?  Yes  No. If yes, what is the average weekly value of groceries or prepared food contributed? \$ \_\_\_\_\_. **This amount is income.**

**Notes:** Food contributed by food banks, receiving the surplus commodity program, the WIC program, or consumed publicly or non-profit funded meals programs does not count as income. Food or cash for food contributed by private persons does not count as income.

*Verification: The family should bring in at least one month's worth of receipts. Check the receipts to make sure family of that size could manage on the amount of food documented.*

**2. Cleaning, Grooming and Paper Products Expenses**

What is the weekly 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? \_\_\_\_\_.

If someone other than a member of the applicant/tenant family contributes to be the products, who contributes? \_\_\_\_\_. What are the average weekly value cash contributions for paper products? \$ \_\_\_\_\_. **This amount is income.**

# TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

Does anyone contribute paper products for the family on a regular basis?  Yes  No. If yes, what is the average weekly value of paper products contributed to the family? \$ \_\_\_\_\_. **This amount is income.**

What is weekly value of grooming products and services used by the family? Includes 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/who contributes? \_\_\_\_\_. What are the average weekly value contributions (cash or products) for grooming products? \$ \_\_\_\_\_. **This amount is income.**

What is the weekly value cleaning products used by the family? Include dishwashing soap, laundry detergent, and household cleaning products. \$ \_\_\_\_\_. How does the family pay for cleaning products? \_\_\_\_\_. If someone other than a member of the applicant/tenant family contributes to cleaning products, who contributes? \_\_\_\_\_.

What are the average weekly value cash contributions for cleaning products? \$ \_\_\_\_\_.

**This amount is income.**

*Verification: Most families buy cleaning supplies, grooming products and paper products at the grocery store. Review the family's grocery receipts to help verify amount spent.*

### 3. Transportation Expenses

Does the 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? \$ \_\_\_\_\_. How does the family make the 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. The amount is income whether it is cash paid to the family or cash paid directly to the holder of the car note.**

If the family owns a car out right (no payments are due), what are the average monthly income amounts the family pays for the following:

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

How does a family pay for these auto related expenses? \_\_\_\_\_.

If someone other than a member of the applicant/tenant family contributes to the car 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.**

*Verification: the family should bring in one month's gas receipts, proof of insurance and proof of a car payment (if applicable).*

**Note: Uninsured automobiles cannot be parked on PHA property.**

If the family does not own a car, what does a family use the transportation? \_\_\_\_\_. How does a family pay for the transportation? \_\_\_\_\_. If someone other than a member of the applicant/tenant family contributes to the transportation cost, what is the average monthly amount of cash or other contribution to transportation? \$ \_\_\_\_\_. **This amount is income.**

*Verification: A family without a car should provide a credible statement of the way they pay for transportation to shop, attend school, visit friends, take your medical needs, attend church, etc.*

**TOWN OF HUNTINGTON HOUSING AUTHORITY**  
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

**4. Entertainment Purposes**

Does the family have a cable TV connection?  Yes  No. If yes, does the family have a basic minimum service or do they also have premium channels?  Yes  No. What is the average monthly cost of cable TV service? \$\_\_\_\_\_. How does a family pay for cable TV service? \_\_\_\_\_.

If someone other than a member of the applicant/tenant family can contribute to the cost of cable TV services, 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 weekly costs of other types of entertainment for 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 the other entertainment, who contributes? \_\_\_\_\_. What is the average monthly contribution (in cash or entertainment provided) for other entertainment? \$\_\_\_\_\_. **This amount is income.**

*Verification: the family should bring into monthly bills for cable TV, plus receipts for all of entertainment costs.*

**5. 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.**

What is the weekly amount spent by the family for laundry/dry-cleaning clothing? \$\_\_\_\_\_. How does a 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.**

**Note: Clothing acquired from clothing banks or were given to the family second-hand is not counted as income.**

*Verification: The family should provide a schedul the shows when clothing and shoes are purchased and the amounts spent. Remember that children will need more clothing and shoes than the adults because they are growing.*

**TOWN OF HUNTINGTON HOUSING AUTHORITY**  
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

**6. 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 (in cash, cigarettes or cigars) \$ \_\_\_\_\_. **This amount is income.**

*Verification: the family should document the brand of cigarettes/cigars smoked and the staff will document the least expensive price for that brand in the locality to impute costs.*

**7. Communication Expenses**

Does the family have a telephone?  Yes  No. If yes, how many lines does family have into its house/apartment? \_\_\_\_\_. Does the family have any special telephone services? (For example: call waiting, call forwarding, call ID, etc.)  Yes  No. What is the average monthly cost for the telephone service? \$ \_\_\_\_\_. Is someone other than a member of the applicant/tenant household contributing to the cost of telephone service?  Yes  No. If yes, who contributes? \_\_\_\_\_. What is the average monthly contribution (in cash or direct payment of the telephone bill for telephone service) \$ \_\_\_\_\_. **This amount is income.**

Does anyone in the family have a cell phone?  Yes  No. If yes, how many members of the household have cellphones? \_\_\_\_\_. What is the average monthly cost for cellphone usage? \$ \_\_\_\_\_. How does the family pay for the cost of cellphones? \_\_\_\_\_. If someone other than a member of the applicant/tenant households contributes to the cost of cell phone service, who contributes? \_\_\_\_\_. What is the average monthly contribution (in cash or direct payment of the cell phone bill)? \$ \_\_\_\_\_. **This amount is income.**

Does the family have an Internet connection?  Yes  No. If yes, who is Internet provider? \_\_\_\_\_. What is the monthly cost of the Internet connection? \$ \_\_\_\_\_. Is there a dedicated telephone line for the Internet?  Yes  No. If yes, does the telephone line show the family telephone bill?  Yes  No. If no, get a copy of the family's other telephone bill. How does the family pay for Internet connection? \_\_\_\_\_. What is the average monthly cost of Internet connection? \$ \_\_\_\_\_. Is someone other than a member of the applicant/tenant family contributing to the cost of the Internet connection?  Yes  No. If yes, who contributes? - \_\_\_\_\_. What is the average monthly contribution (in cash or direct payment to the Internet provider) for Internet services? **This amount is income.**

*Verification: the family should bring in at least two months worth of bills for telephone/cell phone and Internet services as applicable. Review the bills carefully to determine the average monthly cost of communication services.*

**TOWN OF HUNTINGTON HOUSING AUTHORITY**  
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

**8. Shelter Expenses**

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 household contributes to housing utility costs, who contributes?\_\_\_\_\_.

What is the average monthly contribution to shelter housing plus utilities? \$\_\_\_\_\_. Will the person contributing towards shelter continue to do so when the applicant is admitted to public housing? Yes No. If no, why not?\_\_\_\_\_.

\_\_\_\_\_.

For tenants, what is the average monthly cost for housing and utilities? \$\_\_\_\_\_. How did the tenant pay the cost of shelter?\_\_\_\_\_.

\_\_\_\_\_.

If someone other than a member of the tenant household makes a contribution toward the shelter cost, who contributes?\_\_\_\_\_. What is the value of the contribution toward shelter? \$\_\_\_\_\_. **This amount is income.**

*Verification: Families should bring in documentation of their actual cost for housing and utilities.*

**9. Medical Expenses**

Does the family have any unreimbursed medical expenses? Yes No. If yes, what is the average monthly cost of unreimbursed medical expenses? \$\_\_\_\_\_. How does the family pay for unreimbursed medical expenses?\_\_\_\_\_.

If someone other than a member of applicant/tenant household contributes toward medical expenses, who contributes?\_\_\_\_\_.

\_\_\_\_\_. **Such contributions 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 expenses in the amount contributed towards the expenses:

Church contributions \$\_\_\_\_\_. Unreimbursed Educational Expenses \$\_\_\_\_\_.

Unreimbursed Childcare Expenses \$\_\_\_\_\_. Unreimbursed Job Expenses \$\_\_\_\_\_.

Review the information provided above against observations of staff conducting the home visit/home inspection. Does information appear to be consistent? If not, insist that the applicant explain any variations. For example, if the applicant does not admit to having telephone or cable TV service but they have been observed in the home, press the point.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date