

## ZERO INCOME CERTIFICATION

Please answer each of the following questions. For each **YES** please provide details including *monthly amount paid & who or where it comes from*.

DO YOU PAY	YES/NO	AMOUNT PAID	WHO/WHERE DOES CONTRIBUTION COME
------------	--------	-------------	----------------------------------

**HOUSING**

Electricity	YES/NO	\$ _____	_____
Gas	YES/NO	\$ _____	_____
Water/Sewer	YES/NO	\$ _____	_____
Trash	YES/NO	\$ _____	_____

**FOOD**

YES/NO	\$ _____	_____
--------	----------	-------

**TRANSPORTATION**

Automobile Payment/Gas			
Auto Insurance/ Maintenance			
Transit/Taxi/Uber	YES/NO	\$ _____	_____

**COMMUNICATIONS**

Telephone/Cellular Phone			
Internet	YES/NO	\$ _____	_____

**MEDICAL EXPENSES**

YES/NO	\$ _____	_____
--------	----------	-------

**ENTERTAINMENT**

Cable/Satellite			
Movie Rental/Netflix	YES/NO	\$ _____	_____
Other etc.			

**PRODUCTS**

Shampoo, Soap, Deodorant			
Makeup, Nails, etc.	YES/NO	\$ _____	_____

**CLOTHES/SHOES**

YES/NO	\$ _____	_____
--------	----------	-------

**TOBACCO/ALCOHOL**

YES/NO	\$ _____	_____
--------	----------	-------

**CLEANING/PAPER PRODUCT**

Laundry Soap			
Household Cleaning Supplies			
Napkins/Paper Towel	YES/NO	\$ _____	_____
Trash Bags/Other Paper Goods			

**MISCELLANEOUS EXPENSE**

Pet/Pet Food/Vet Bills			
Preschool Fee	YES/NO	\$ _____	_____

\*\*\***WARNING**\*\*\* Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willing making false of fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

Signature of Head of Household	Date
--------------------------------	------

**Head of Household PHONE NUMBER** \_\_\_\_\_

Signature of Co-Head or Spouse	Date
--------------------------------	------