

# 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 that 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 cash on hand?  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?

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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/ Cellphone? \_\_\_\_\_
- D. Other utility bills? \_\_\_\_\_
- E. Food? \_\_\_\_\_
- F. Cleaning supplies (dish soap, laundry soap, cleaning supplies, etc.)? \_\_\_\_\_
- G. Paper supplies (toilet paper, paper towels, etc.)? \_\_\_\_\_
- H. Personal hygiene items (shaving cream, shampoo, deodorant, etc.)? \_\_\_\_\_
- I. Laundromat expenses? \_\_\_\_\_
- J. Do you smoke?  Yes  No If yes, how do you buy your cigarettes? \_\_\_\_\_

- 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

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS VERIFICATION**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at \*\* 208 (a) (6) (7) and (8)\*\*. Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408 (a), (6) (7) and (8)\*\*.

