

FOUNTAIN HOUSING AUTHORITY
ZERO INCOME APPLICANT / TENANT CHECK LIST

Applicants/Tenants reporting zero HOUSEHOLD income must complete and return this form to the Housing Authority PRIOR to the last 5 business day of each month. Failure to do so may result in the termination or denial of your housing assistance for failure to comply with program participation requirements. Each reporting individual MUST collect bills and receipts that document the information set forth in the questionnaire. NOTE: All income (excluding SNAP & WIC), listed on this form will be considered a self-declaration of income and will be counted as income on the Annual and Interim Re-Examination. As a result of this type of Income, the tenant is no longer considered a zero-income household.

Name of Individual with Zero Income: _____

Reporting Month: _____/Year _____

1. Shelter Expense: What were this month's Shelter expenses?

\$_____ Rent, \$_____ Utilities, \$_____ Storage, \$_____ Other (pet rent, etc.) .

Who contributed and how much?

\$_____ Family \$_____ Friends \$_____ LEAP, etc. (describe) _____

Contributor's name, address and phone number: _____

2. Food Expense: What were this month's household food expenses? \$_____

Who contributed and how much?

\$_____ SNAP \$_____ WIC \$_____ Family \$_____ Friends \$_____ Other (describe) _____

Contributor's name, address and phone number: _____

3. Clothing Expenses: What were this month's clothing expenses? \$_____.

\$_____ Purchase, \$_____ Laundry, \$_____ Dry cleaning, \$_____ Other.

Who contributed and how much?

\$_____ Family \$_____ Friends \$_____ Other (describe) _____

Contributor's name, address and phone number: _____

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8. **Childcare expenses:** Does your Household pay for or utilize ANY Child Care Services whether from a Business, Organization, Family or Friends? Y / N
What were this month's expenses per child? \$ _____.

Who contributed and how much?

\$____ Family \$____ Friends \$____ Other (describe) _____

Contributor's name, address and phone number: _____

Contact information for Care Provider: Name, _____ Phone: _____,
Address: _____.

9. **Miscellaneous Expenses:** Indicate the monthly amount you spend on ANY expense or amount anyone else contributes toward the expense. \$ _____.

Describe expense: _____

Church contribution \$____, Educational \$____, Job expense \$____.

Who contributed and how much?

\$____ Family \$____ Friends \$____ Other (describe) _____

Contributor's name, address and phone number: _____

10. **Communication Expenses:** Which service or services does your Household use or subscribe to for Phone service? 1. _____ 2. _____,
other: _____. Does your household have Cable? Y / N. If yes what is the monthly cost \$ _____. Who is the provider: _____.

Who contributed and how much?

\$____ Family \$____ Friends \$____ Other (describe) _____

*ASSURE YOU HAVE ATTACHED ALL EXPENSE VERIFICATIONS to include a copy of your current Utility bill.

* Assistance Statement from the person who provided you with items or financial assistance*

Check list for your convenience

Shelter _ Food _ Clothing _ Transportation _ Cleaning / Personal Care _ Entertainment _ Medical _ Child Care _
Miscellaneous _

I understand that if there are any changes to the information I have provided above, I must report them to the Housing Authority in writing within 10 days.