



# WAYNE METROPOLITAN HOUSING AUTHORITY

## Zero Income Questionnaire

Tenant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address of Unit \_\_\_\_\_

To claim zero income in the HUD Section 8 housing and/or Public Housing program you must have no income from any source except student financial aid, resident service stipends, adoption assistance payments, earned income for full time students **EXCEPT THE HEAD OF HOUSEHOLD OR SPOUSE**, adult foster care payments, compensation from State or local job training programs, and training of resident management staff, property tax rebates, homecare payments for developmentally disabled children or adult family members, and deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum.

Please complete the questions below, sign and date and return to our office if you are claiming zero income for housing benefits. Failure to do so will result in your losing your housing assistance.

I, as head of household, or any adult member (over the age of 18) living in the above unit, receive income from the following sources:

- Wages, including part time, commissions, and overtime: Yes \_\_\_\_\_ No \_\_\_\_\_
- TAF or any other income from SRS: Yes \_\_\_\_\_ No \_\_\_\_\_
- Social Security Income, including payments received for children: Yes \_\_\_\_\_ No \_\_\_\_\_
- SSI Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_
- Pensions: Yes \_\_\_\_\_ No \_\_\_\_\_
- Interest or Dividend Income: Yes \_\_\_\_\_ No \_\_\_\_\_
- V.A. Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_
- Baby-sitting Income: Yes \_\_\_\_\_ No \_\_\_\_\_
- Recurring periodic gifts: Yes \_\_\_\_\_ No \_\_\_\_\_
- Fees: Yes \_\_\_\_\_ No \_\_\_\_\_
- Tips: Yes \_\_\_\_\_ No \_\_\_\_\_
- Bonuses: Yes \_\_\_\_\_ No \_\_\_\_\_
- Salary from family owned business: Yes \_\_\_\_\_ No \_\_\_\_\_
- Net Income from business: Yes \_\_\_\_\_ No \_\_\_\_\_
- Annuities: Yes \_\_\_\_\_ No \_\_\_\_\_
- Insurance Policies: Yes \_\_\_\_\_ No \_\_\_\_\_
- Retirement Funds: Yes \_\_\_\_\_ No \_\_\_\_\_
- Disability or Death Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_
- Workers Compensation: Yes \_\_\_\_\_ No \_\_\_\_\_
- Severance Payments: Yes \_\_\_\_\_ No \_\_\_\_\_
- Alimony: Yes \_\_\_\_\_ No \_\_\_\_\_
- Child Support: Yes \_\_\_\_\_ No \_\_\_\_\_
- Winnings paid in periodic payments: Yes \_\_\_\_\_ No \_\_\_\_\_
- Rent Income of any type: Yes \_\_\_\_\_ No \_\_\_\_\_

How will you pay for rent and utilities? \_\_\_\_\_

How will you pay for food and clothing? \_\_\_\_\_

How will you pay for medical expenses? \_\_\_\_\_

How will you pay for your transportation expenses? \_\_\_\_\_

I understand that if I claim zero income for housing assistance, I must complete this form. Failure to do so will result in my losing my housing assistance. I agree to notify the Wayne Metropolitan Housing Authority **IMMEDIATELY** if the above information changes.

I certify that the above information is correct. Any false statements will result in my losing my housing assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.