



STATEMENT OF ZERO INCOME

Head of Household _____

Social Security No. _____

Name of Adult Reporting Zero Income (if not Head) _____

This form is to verify that you or a member of your household currently has zero income. Use this form to explain how the zero income person is providing for basic needs at this time – food, clothing, personal items, etc. Answer all the questions listed below. You may be asked to provide receipts to document this information.

Note: You are required to report in writing any changes in income to Home Forward within 10 working days of that change.

HOUSEHOLD INCOME INFORMATION

(Please answer each of the following questions. For each "Yes" answer, provide details below.)

- Does anyone in your household receive or expect to receive alimony or child support (regular or sporadic)?
• Does anyone in your household earn income or cash for work, either part time, full time, seasonally, temporarily, or through day labor?
• Does anyone in your household receive or expect to receive unemployment benefits?
• Does anyone in your household receive Social Security benefits?
• Does anyone in your household receive Supplemental Security Income (SSI)?
• Does anyone in your household receive public assistance (Welfare, ADC, TANF, GA)?
• Does anyone in your household receive utility assistance?
• Does anyone in your household own or operate a business?
• Does anyone in your household receive a pension or annuity?
• Does anyone in your household receive regular contributions or gifts from anyone?
• Does anyone in your household receive worker's compensation or other disability pay?
• Does anyone in your household receive military pay or veteran's benefits?
• Does anyone in your household receive income from a trust?
• Does anyone in your household receive income from assets including interest on checking or savings accounts/certificates of deposit/stocks or bonds, or income from rental property?
• Has anyone in your household received any lump-sum payments (such as an SSI back payment, lawsuit settlement, etc.)?
• Does anyone in your household receive student financial aid (grants, work study, etc.)?
• Does anyone in your household receive any income not listed above?

If you answered yes to any of the questions above, please explain:

Do you have **any accounts such as savings, checking, mutual fund, retirement, money market, etc.?**

Yes No If no, where do you cash checks? _____

If yes, please list information for all accounts. Use back side if necessary.

Account Institution (i.e. name of bank)	Account Type	Interest Rate Yielded	Joint or Individual?	Balance

***Copies of bank statements listing the interest rate for any interest bearing account will be required**

Do you:own or have interest in any real estate? Yes No
 own any stocks or bonds? Yes No
have any other investments? Yes No
 have any assets that were sold or given away in the last 2 years? Yes No
 Have you received any large sum of money, such as a settlement or inheritance, in the last two years? Yes No

If the answer is 'yes' to any question, please provide details:

HOUSEHOLD EXPENSES

Please indicate in the table below your total household expenses paid each month, *even if someone else is paying the expense(s) for you.*

Bus Fare: \$	Cable TV: \$	Car Fuel/Oil: \$
Car Insurance: \$	Car Payments: \$	Car Repairs: \$
Credit Card Pmts: \$	Food: \$	Loan Pmts: \$
Medical Expenses: \$	Personal Items: \$	Rent: \$
School Expenses: \$	Telephone: \$	Other Utilities: \$
Other Expenses (please list expense and amount paid each month): 1.		
2.	3.	4.

Tell us about your current situation, how you are providing for your needs, etc.

EMPLOYMENT

Last Place of Employment: _____ From _____ To _____

Employer Address: _____ Phone #: _____

Gross Per Month: _____ Hrs Per Wk/Mo: _____ Bonus/Tips/OT: _____

CERTIFICATION

I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that Home Forward is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance and may be punishable under Federal law.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household

Date

Signature of Adult Family Member

Date