



Zero Income Checklist and Worksheet: Verification of Non-cash Contributions

This Checklist and Worksheet is completed for all families whose Total Tenant Payment equals the minimum rent or for all families reporting less than \$100 per month in total income. The Form should be completed prior to admission and at each recertification (which may be monthly or quarterly depending on the MHA's policy on re-examination of participants with minimum rents or zero income). The form first lists all the cash and non-cash contributions the family is receiving and then assists MHA staff to compute the annual value of such contributions. The family is required to submit documentation of amounts claimed.

1. Food Expenses

Is the family receiving Food Stamps? Yes No

If yes, what is the monthly value of food stamps? \$ _____

If no, what is the family's weekly grocery bill? \$ _____

How does the family pay the weekly grocery bill? _____

If someone other than a member of the applicant/participant family contributes to groceries, who contributes? _____

What is the average cash weekly amount for groceries contributed from all sources? \$ _____ **This amount is income.**

Does anyone contribute groceries or prepared food to the family on a regular basis? Yes No

If yes, what is the average weekly value of groceries or prepared food contributed? \$ _____ **This amount is income.**

Note: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs does not count as income. Food Stamps are not income. Food or cash for food contributed by private persons does count as income.

Verification: The family should bring in at least one month's worth of grocery receipts. Check the receipts to make sure a family of that size could manage on the amount of food documented.

2. Cleaning, Grooming and Paper Products Expenses

What is the weekly value of paper products used by the family? (Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers.) \$ _____

How does the family pay for these paper products? _____

If someone other than a member of the applicant/participant family contributes to paper products, who contributes? _____

What is the average weekly value of cash contributions for paper products? \$ _____ **This amount is income.**

Does anyone contribute paper products to the family on a regular basis? Yes No

If yes, what is the average weekly value of paper products contributed to the family? \$ _____ **This amount is income.**

What is the weekly value of grooming products and services used by the family? Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services etc. \$ _____

How does the family pay for the cost of grooming products and services? _____

If someone other than a member of the applicant family contributes to grooming products, who contributes? _____

What is the average weekly value of contributions (cash or products) for grooming products? \$ _____ **This amount is income.**



What is the weekly value of cleaning products used by the family? (Include dishwashing soap, laundry detergent, and household cleaning products.) \$ _____ How does the family pay for cleaning products? _____

If someone other than a member of the applicant/participant family contributes to cleaning products, who contributes?

What is the average weekly value of cash contributions for cleaning products? \$ _____ **This amount is income.**

Does anyone contribute cleaning products to the family on a regular basis? Yes No

If yes, what is the average weekly value of cleaning products contributed to the family? \$ _____ **This amount is income.**

Verification: Most families buy cleaning supplies, grooming products and paper products at the grocery store. Review the families grocery receipts to help verify amount spent.

3. Transportation Expenses

Does the family own a car? Yes No If yes, are there still payments due on the car? Yes No

If yes, how much is the monthly car payment? \$ _____ How does the family make the car payment? _____

If someone other than a member of the household contributes to the car payment, who contributes? _____

What is the monthly amount of contribution toward the car payment? \$ _____ **This amount is income.**

The amount is income whether it is cash paid to the family or cash paid directly to the holder of the car note.

If the family owns a car outright (no payments are due), what are the average monthly amounts the family pays for the following: Gas \$ _____ Maintenance \$ _____ Insurance \$ _____ Tires \$ _____

How does the family pay for these auto-related expenses? _____

If someone other than a member of the household contributes to the car's operating costs, who contributes? _____

What is the average monthly amount of cash or direct payment contribution to the car's operating costs? \$ _____ **This amount is income.**

Verification: The family should bring in one month's gas receipts, proof of insurance and proof of car payment (if applicable).

Note: Uninsured automobiles cannot be parked on MHA property.

If the family does not own a car, what does the family use for transportation? _____

How does the family pay for this transportation? _____

If someone other than a member of the applicant/participant family contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? \$ _____ **This amount is income.**

Verification: A family without a car should provide a credible statement of the way they pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.

4. Entertainment Expenses

Does the family have a cable TV connection? Yes No

If yes, does the household have premium channels? Yes No

What is the average monthly cost of cable TV service? \$ _____

How does the family pay for the cable TV service? _____



If someone other than a member of the applicant/participant family contributes to the cost of cable TV service, who contributes?

What is the average monthly contribution (in cash or direct payment to the cable company) for cable TV? \$_____ This amount is income.

What are the average weekly costs of other types of entertainment to the family? Include the following:

Magazines \$_____ Movies \$_____ Video Rentals \$_____ Club memberships \$_____ Sporting events \$_____
Liquor/ Beer/Wine \$_____ Lottery tickets \$_____ Vacations \$_____ Other entertainment \$_____

How does the family pay for the other entertainment costs? _____

If someone other than a member of the household contributes to the cost of other entertainment, who contributes? _____

What is the average monthly contribution (in cash or direct payment) for entertainment? \$_____ This amount is income.

Verification: The family should bring in two monthly bills for cable TV, plus receipts for other entertainment costs.

5 Clothing Expenses

What are the ages and sexes of all family members? _____

What is the average monthly cost for clothing and shoes for the family? \$_____

How does the family pay for clothing and shoes? _____ If someone other than a member of the applicant/participant family contributes to the cost of clothing, who contributes? _____

What is the average monthly contribution (in cash or new clothes and shoes) for clothing? \$_____ This amount is income.

What is the weekly amount spent by the family for laundry/dry cleaning clothing? \$_____

How does the family pay for cleaning its clothing? _____

If someone other than a member of the household contributes to the cost of cleaning clothing, who contributes? _____

What is the average monthly contribution for clothes cleaning? \$_____ This amount is income.

Note: Clothing acquired from Clothing banks or given to the family second hand is not counted as income.

Verification: The family should provide a schedule that shows when clothing and shoes are purchased and the amounts spent. Remember that children will need more clothing and shoes than adults because they are growing.

5. Smoking Expenses

Does anyone in the applicant/participant household smoke cigarettes or cigars? Yes No

If yes, how many packs per day, are smoked by the smokers in the household? _____

How does the household pay for the cost of cigarettes/cigars? _____ If someone other than a member of the applicant/participant household contributes to the cost of smoking, who contributes? _____

What is the average monthly contribution (in cash, cigarettes or cigars) \$_____ This amount is income.

Verification: The family should document the brand of cigarettes/cigars smoked and the staff will document the least expensive price for that brand in the locality to impute cost.

6. Communications Expenses

Does the family have a land line telephone? Yes No If yes, how many lines does the family have in the unit? _____

Does the family have any special telephone services? (e.g., call waiting, call forwarding, caller ID, etc.) Yes No



Does anyone in the family have a cell phone? Yes No

What is the average monthly cost for all telephone services? \$ _____

How does the family pay for the cost of telephone service? _____ If someone other than a member of the applicant/participant household contributes to the cost of telephone service, who contributes? _____

What is the average monthly contribution (in cash or direct payment of bills) for phone service? \$ _____ **This amount is income.**

Does anyone in the family have a pager/beeper? Yes No If yes, how many members have beepers/pagers? _____

What is the average monthly cost for the beepers/pagers? \$ _____

How does the family pay for the cost of beepers/pagers? _____ If someone other than a member of the applicant/participant household contributes to the cost of beeper/pager service, who contributes? _____

What is the average monthly contribution (in cash or direct payment of the beeper/pager bill)? \$ _____ **This amount is income.**

Does the family have an internet connection? Yes No If yes, what is the internet provider? _____

What is the monthly cost of internet service? \$ _____

How does the family pay for the internet connection? _____

What is the average monthly cost of the internet connection? _____

If someone other than a member of the applicant/participant family contributes to the cost of the internet connection, who contributes? _____

What is the average monthly contribution (in cash or direct payment) for internet services? \$ _____ **This amount is income.**

Verification: The family should bring in at least two month's worth of bills for telephone, beeper/pager and internet services, as applicable. Review the bills carefully to determine the average monthly cost for communications services.

7. Shelter Expenses

For applicants, what is the average monthly cost for housing and utilities? \$ _____

How does the applicant pay the cost of shelter? \$ _____

If someone other than a member of the household contributes to housing or utility costs, who contributes? _____

What is the average monthly contribution to shelter (housing plus utilities)? \$ _____ Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to public housing? Yes No

If no, why not? _____

For participants, what is the average monthly cost for housing and utilities? \$ _____ How does the participant pay the cost of shelter? _____

If someone other than a member of the participant household makes a contribution toward the shelter cost, who contributes? _____

What is the value of the contribution toward shelter? \$ _____ **This amount is income.**

Verification: Families should bring in documentation of their actual cost for housing and utilities.



8. Medical Expenses

Does the family have any unreimbursed medical expenses? Yes No

If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____

How does the family pay for unreimbursed medical expenses? _____

If someone other than a member of the applicant/participant household contributes toward medical expenses, who contributes?
_____ **These contributions are not income.**

9. Miscellaneous Expenses

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses and the amounts contributed toward the expenses:

Religious contributions \$ _____ Unreimbursed Educational Expenses \$ _____

Unreimbursed Childcare Expenses \$ _____ Unreimbursed Job Expenses \$ _____ Pet Expenses \$ _____

Review the information provided above against the observations of staff conducting the home visit/home inspection. Does the information appear to be consistent? If not, insist that the applicant explain any variations. For example, if the applicant does not admit to having telephone or cable TV service but they have been observed in the home, press the point.



Worksheet for Income from Contributions

1. What is the family's verified Annual Income? \$ _____
- Does Annual Income include contributions from persons outside the applicant/participant household? Yes No
 If no, it may be necessary to increase the annual income to reflect such contributions, which will also increase rent.
2. Does the family have any income that is excluded from Annual income? Yes No
 What is the annual amount of excluded income? \$ _____ Such excluded income would include foster care payments, the first 12 months of increased income of a person who was formerly unemployed and is now working, scholarships and student loans, and all other income specifically excluded in the MHA's Administrative Plan. If a family can verify receipt of excluded income sufficient to cover the family's annual expenses shown below, it will not be necessary to increase annual income to reflect contributions. Remember, the applicant/participant must verify excluded income just like Annual Income.
3. Compute the family's annual expenses using the amounts from the worksheet above:
 To compute annual expenses, multiply weekly average costs by 52 and monthly average costs by 12.

Type of Cost	Weekly Expenses	Monthly Expenses	Annual Expenses	Contributed Toward Expenses
1. Food				
2. Cleaning, Grooming and Paper products				
3. Transportation				
4. Entertainment				
5. Clothing				
6. Smoking				
7. Communications				
8. Shelter (Housing & Utilities)				
9. Medical				
10. Miscellaneous				
TOTALS				



4. When the matrix is completed, total the two columns on the right: Annual Expenses and Contributed Toward Expenses. From some source, the family has sufficient income to pay the total in the Annual Expenses column. If the Annual Income shown in # 1 above plus any excluded income shown in # 2 above is less than the Annual Expenses, Annual Income has been understated and must be increased.
5. Review the amounts included in Annual Income. Are all the Contributed Toward Expenses amounts included in Annual Income? If not, add any Contributions not included to Annual Income. Once again, add Annual income and Excluded income. If the total of these two income sources still does not equal Annual Expenses, some form of income, usually Contributions, has been understated. Unless the family can verify additional excluded income, the Contributions amount should be increased until the total of Annual Income and Excluded Income equal Annual Expenses.

Zero Income Acknowledgement Form

I/We certify that the information provided in the above Zero Income Checklist and Worksheet is true and correct. I understand that I am required to report all changes in my income or employment or changes in the income or employment of any member of my household within ten (10) days of the change. I understand that the failure to report any change in income or employment within the 10-day period will result in the termination of housing assistance by the Montgomery Housing Authority.

Head of Household - Signature

Date

Household Member (over age 18) - Signature

Date

Household Member (over age 18) - Signature

Date

Household Member (over age 18) - Signature

Date