



525 SOUTH LAWRENCE STREET
MONTGOMERY, ALABAMA 36104-4611
PHONE: (334)-206-7200 – WEBSITE: MHA TODAY.ORG

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 \$200 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 the 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 monthly grocery bill? \$_____ **This amount is income.** How does the family pay the monthly grocery bill? _____

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 people does count as income.

2. Cleaning, Grooming and Paper Products Expenses

What is the average monthly value of contributions (cash or products) for paper products? Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers. \$_____ **This amount is income.** How does the family pay for these paper products? _____

What is the average monthly value of contributions (cash or products) for grooming products? Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services etc. \$_____ **This amount is income.** How does the family pay for the cost of grooming products and services? _____

What is the average monthly value of contributions (cash or products) for cleaning products? Include dishwashing soap, laundry detergent, and household cleaning products. \$_____ **This amount is income.** How does the family pay for cleaning products? _____

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, what is the amount of the monthly car payment? \$_____ How does the family make the car payment? _____ **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 \$_____ Insurance \$_____ **This amount is income.** How does the family pay for these auto-related expenses? _____

Note: Uninsured automobiles cannot be parked on MHA property.

If the family does not own a car, what does the family use for transportation and what is the average monthly cost? \$_____ **This amount is income.** How does the family pay for this transportation? _____



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4. Entertainment Expenses

Does the family have a cable TV connection? Yes No. What is the monthly cost of cable TV service? \$
This amount is income. How does the family pay for the cable TV service?

What are the average monthly costs of other types of entertainment for the family? Include the following: Magazines
\$ Movies \$ Streaming Services \$ Club memberships \$ Sporting events \$
Liquor/ Beer/Wine \$ Lottery tickets \$ Vacations \$ Other entertainment
\$

How does the family pay for entertainment costs? What is the average monthly contribution (in cash
or entertainment provided) for entertainment? \$ This amount is income.

5 Clothing Expenses

What are the ages and sexes of all family members? What is the
average monthly cost (in cash or new clothes and shoes) for clothing and shoes for the family? \$ This
amount is income. How does the family pay for clothing and shoes? Note:
Clothing acquired from clothing banks or given to the family second hand is not counted as income.

What is the average monthly amount spent by the family for laundry/dry cleaning clothing? \$ This amount
is income. How does the family pay for cleaning its clothing,

6. Smoking Expenses

Does anyone in the applicant/participant household smoke cigarettes or cigars? Yes No. If yes, what is the average
monthly cost (in cash or contribution) for cigarettes or cigars? \$ This amount is income. How does the family pay
for the cost of cigarettes/cigars?

7. Communications Expenses

Does the family have a telephone (land line and/or cell phone)? Yes No. If yes, how many lines does the family have?
What is the monthly cost for telephone service(s)? \$ This amount is income. How does the family
pay for the cost of telephone service(s)?

Does the family have an internet connection? Yes No. If yes, who is the internet provider?
What is the monthly cost (in cash or direct payment to the internet provider) of the internet connection?
\$ This amount is income. How does the family pay for the internet connection?

8. Shelter Expenses

For applicants, what is the average monthly cost for housing and utilities? \$ This amount is
income. How does the applicant pay the cost of shelter? 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?



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For **participants**, what is the average monthly cost for housing and utilities? \$ _____ This amount is **income**. How do the participants pay the cost of shelter? _____

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

9. Medical Expenses

Does the family have any unreimbursed medical expenses? Yes No. If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____ **Such contributions are not income**. How does the family pay for unreimbursed medical expenses? _____

Worksheet for Income from Contributions

Type of Cost	\$ 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			
TOTALS			



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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