

## Zero Income Questionnaire

Your household has reported little to no income.

You are required to complete the checklist below with accurate information.

If anyone outside of the household is giving you money or is buying products, clothes and/or services for you or your family, this is income and must be written in this questionnaire.

All amounts listed below are subject to questioning.

Item	Amount	Frequency Daily / weekly / monthly / yearly	For Office Use <b>ONLY</b>
Rent			
Electric			
Natural Gas			
Water & Sewer			
Renters Insurance			
Internet			
Cable / Dish			
Telephone / Cell phone			
Toiletries			
Cleaning supplies			
Laundry (money, detergent)			
Groceries			
Dining Out / Fast food			
Tobacco			
Alcohol			
Formula			
Diapers			
Vehicle payment			
Vehicle insurance			
Fuel			
Vehicle maintenance (repairs, oil changes, tires)			
Taxi / Uber / Lyft / Bus pass / Delivery-DoorDash, etc.			
Daycare / Babysitting			
School activities / expenses			

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Child Support / Alimony			
Health Insurance			
OTC / Prescriptions			
Pet food			
Veterinarian bills			
Grooming / Hair / Spa			
Membership / Subscriptions			
Hobbies (concerts, sports, plays)			
<b>TOTAL</b>			

Main contributor to my living expenses:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

\*Additional contact information can be attached to this form, if needed.

The information listed above is accurate and completed to the best of my knowledge. I understand that providing false information is punishable under federal law and could result in termination from the program and/or subject to repayment agreement.

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Current phone #: \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make a willful false statement of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**