

Caraway Housing Authority
325 Missouri, Caraway, AR 72419
Phone: 870-482-3736 Fax: 870-482-3136

Zero Income Form

This Checklist and Worksheet are to be completed for all families whose Total Tenant Payment equals the minimum rent or for families paying less than \$50.00 per month in rent. The form should be completed prior to admission and at each recertification (which may be every three months if reporting low income). The form first lists all the cash and non-cash contributions the family is receiving and then assists our 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 amount of the food stamps? \$ _____

How does the family pay the weekly grocery bill? _____

If someone other than a member of the applicant family contributes to groceries, who contributes and what is the weekly average they contribute?

This amount is considered income.

Does anyone contribute groceries or prepared meals to the family on a regular basis? What is the average weekly value of groceries or meals?

This amount is considered income.

Note: Food contributed by food banks, received from surplus commodity program, the WIC Program, or consumed publicly for non-profit funded meal programs does not count as 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, paper plates, 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 family contributes to paper products, who is it and what is the average weekly amount? _____

This amount is income.

Does anyone contribute paper products to the family on a regular basis? If yes, what is the average weekly value contributed? \$ _____

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, 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 and services, who contributes and what is the average weekly value (cash and/or products) of the contributions?

This amount is income.

What is the weekly value of cleaning products used by the family? Include dish soap, laundry detergent, and household cleaners? \$ _____

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How does the family pay for the cleaning products? _____

If someone other than a member of the applicant family contributes to cleaning products, who contributes and what is the weekly value of the contributions?

This amount is income.

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

3. Transportation:

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 monthly car payment? \$ _____ How does the family make the car payment? _____ If someone other than a member of the applicant family contributes to the car payment, who contributes and what amount do they contribute? _____

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

Whether the family owes a car payment, or owns the vehicle out right, what are the average monthly amounts the family pays for the following:

Gas\$ _____ Insurance\$ _____ Maintenance\$ _____

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

If someone other than an applicant family member contributes to these expenses, who contributes and what is the average monthly amount? _____

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 PHA property!

4. Entertainment:

Does the family have cable T.V.? _____ Yes _____ No If yes, does the family have the basic minimum service, or do they have any premium channels?

What is the monthly cost for cable? \$ _____

How does the family pay for the cable service? _____

If someone other than the applicant family pays for the service, who contributes and how much?

This amount is income.

What are the average weekly costs of other types of entertainment to the family, including:

Magazines\$ _____ Movies\$ _____ Video Rentals\$ _____

Sporting Events\$ _____ Lottery Tickets\$ _____

Alcohol\$ _____ Vacations\$ _____ Other\$ _____

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

If someone other than the applicant family contributes to these costs, who and what is their average weekly contribution? _____

This amount is income.

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

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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 the clothes and shoes?

If someone other than the applicant family contributes, either money or new clothing, who contributes and what is the average monthly amount of the contribution?

This amount is income.

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

How does the family pay for the cleaning of its clothes? _____

If someone other than the applicant family contributes to this cost, who contributes and what is the average weekly contribution? _____

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.

6. Smoking Expenses:

Does anyone in the applicant/tenant household smoke cigarettes or cigars? _____ Yes _____ No If yes, how many packs per day are smoked by the smokers in the house? _____ How does the family pay for the cost of the cigarettes/cigars? _____ If someone other than the applicant/tenant family contributes to this cost, who contributes and what is the weekly average amount? _____

This amount is income.

7. Communication Expenses:

Does the family have a telephone? _____ Yes _____ No If yes, how many lines does the family have into its unit? _____ Does the family have any special services (such as call waiting, call forwarding, caller I.D., etc.)? _____ Yes _____ No Does anyone in the family have a cell phone? _____ Yes _____ No What is the average monthly cost for the family's phone services? \$_____ How does the family pay these costs? _____

If someone other than the applicant family contributes to this cost, who contributes and what is the average monthly contribution? _____

This amount is income.

Does anyone in the family have a pager or beeper? _____ Yes _____ No If yes, how many members have pagers/beepers? _____ What is the average monthly cost of the pagers/beepers? \$_____

How does the family pay these costs? _____

If someone other than the applicant family contributes to these costs, who contributes and what is the average monthly contribution? _____

This amount is income.

Does the family have an Internet connection? _____ Yes _____ No If yes, who is the Internet provider? _____

What is the monthly cost of the Internet connection? \$_____

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Is there a dedicated telephone line for the Internet connection? _____ Yes _____ No If yes, does the phone line show up on the family's telephone bill? _____ Yes _____ No How does the family pay for the Internet connection? _____

If someone other than the applicant family contributes to the cost of the connection, who contributes and what is the average monthly contribution? _____

This amount is income.

Verification: The family should bring in at least two months 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.

8. Shelter Expense:

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

If someone other than the applicant family contributes to these costs, who contributes and what is the average monthly amount of the contribution? _____

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 tenants, what is the average monthly cost for housing and utilities? _____

How does the tenant pay for these costs? _____

If someone other than the tenant contributes to these costs, who contributes and what is the average monthly amount they contribute? _____

This amount is income.

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? \$_____ How does the family pay for these unreimbursed expenses? _____

If someone other than a member of the applicant/tenant household contributes toward these expenses? _____

Such contributions are not income.

10. Miscellaneous Expenses:

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses.

Church Contributions: \$ _____

Unreimbursed Education Expense: \$ _____

Unreimbursed Child Care Expense: \$ _____

Unreimbursed Job Expenses: \$ _____

Review the information provided. 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 watching TV then press the point further.

Worksheet for Income from Contributions

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1. What is the family' verified annual income? \$ _____ Does the annual income include any contributions from persons outside the applicant/tenant household? _____Yes _____No If no, it may be necessary to increase the annual income to reflect such contributions, which will also increase the rent.
2. Does the family have any income that is excluded from the 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 Housing Authority's Admission and Occupancy Policy. 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 the annual income to reflect contributions. Remember, the applicant/tenant must verify excluded income just like annual income.
3. On the matrix below compute the family's annual expenses using the amounts from the checklist.

Type of Cost	Weekly Expense	Monthly Expense	Annual Expense	Contributed Expense Toward Expenses
Food				
Cleaning, Grooming And Paper Products				
Transportation				
Entertainment				
Clothing				
Smoking				
Communications				
Shelter (Housing And Utilities)				
Medical				
Miscellaneous				
Totals:				

4. When the matrix is completed, total the two columns on the left: Annual Expense 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 included in Annual Income? If not, add any contributions not included to the 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 the Annual Expenses.

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Updated April 1, 2007