



ZERO INCOME SURVIVAL STATEMENT

1. Do you own a vehicle? Yes _____ No _____ (If no, go to #2)
 Do you have a car payment? Yes _____ No _____ Amount of car payment: \$ _____
 Automobile Insurance Payment: \$ _____ monthly / quarterly / annually (circle one)
 Gasoline Expense (Weekly): \$ _____
 Source of Income for payment of these expenses: _____

2. Do you subscribe to cable television? Yes _____ No _____ (if no, go to #3)
 Cable Television Payment (monthly): \$ _____
 Source of Income for payment of these expenses: _____

3. Do you have a home telephone? Yes _____ No _____ (If no, go to #4)
 Telephone Payment (monthly): \$ _____
 Source of Income for payment of this expense: _____

4. Do you have a cellular telephone? Yes _____ No _____ (If no, got to #5)
 Cell Phone Payment (monthly): \$ _____
 Source of Income for payment of this expense: _____

5. Do you have any other monthly obligations such as credit cards, life insurance, retirement, magazines, student or personal loans, membership dues, etc? Yes _____ No _____ (If no, go to #6)
 Amount of Total Payments (monthly): \$ _____
 Source of Income for payment of these expenses _____

6. Do you pay a portion of your rent? Yes _____ No _____ (If no, go to #7)
 Source of income for payment of this expense: _____

7. Do you pay any utilities: heat, cooking, lights, hot water, water, sewage, trash? Yes _____ No _____ (If no, go to #8)
 Source of income for payment of these expenses: _____ (other than your monthly UAP check, which is typically not enough to cover the complete cost of these expenses)

8. How are you paying for your needs not met by Food Stamps (i.e. toiletries, diapers, clothes, soaps, etc.)?
 Weekly amount of expenses: \$ _____
 Source of income for these expenses: _____

Please note that if you apply for and receive WELFARE or UNEMPLOYMENT BENEFITS, you must report it immediately. Failure to report this income will result in the termination of your Section 8 Assistance.

I certify that no household member has any income at the present time. The above information is true and correct to the best of my knowledge, and I understand that false statements or information is punishable under federal law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Client Signature *Date*

Phone Number