

Zero Income Verification Checklist

I do hereby certify that I do not work or receive any other income from any source including but not limited to employment, unemployment benefits, Social Security, public assistance, pensions, annuities, retirement, self-employment or any other employment benefits. I do, however, receive informal support to pay for the following items:

The name and address of the person providing this informal support is as follows:

Name: _____ Address: _____
 Phone: _____

Note to Manager: This information is to be verified using Informal Support Verification 013A

MONTHLY EXPENSES	RECURRING EXPENSE?	PAYMENT SOURCE	CHECK APPROPRIATE BOX	AMOUNT
FOOD	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Food Stamps		
		WIC		
		Food Bank		
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SHELTER COSTS				
Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CLEANING/GROOMING				
Soap, shampoo, deodorant, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Paper Products/Cleaning Supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRANSPORTATION	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Automobile Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MONTHLY EXPENSES	RECURRING EXPENSE?	PAYMENT SOURCE	CHECK APPROPRIATE BOX	AMOUNT
Automobile Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Automobile Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ENTERTAINMENT				
Cable/Satellite/Video Rentals	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Concerts, Sporting Events, Miniature Golf, Go-Carts, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CLOTHING EXPENSES				
Clothes/Shoes	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laundry: laundry mat, detergent, fabric softener, bleach, dry cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BABY NEEDS (excluding food)				
Clothes, Diapers, Wipes, ointment, bottles, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMUNICATIONS				
Telephone/Cellular Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TOBACCO PRODUCTS				
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

We sign, declare and certify under penalty of perjury and with full knowledge of the repercussions of willful falsification and false swearing under my State's law that the preceding information is correct to the best of our knowledge and agree to notify the site office annually of any changes.

Signature: _____

Date: _____

Printed Name: _____

Phone Number: _____

Signature: _____

Date: _____

Printed Name: _____

Phone Number: _____