



Gainesville Housing Authority

1900 SE 4th Street, P.O. Box 1468, Gainesville, FL 32602
Telephone (352) 334-4000 ♦ Fax (352) 334-4010 ♦ TDD (352) 334-401

Family Certification Zero Income

I, _____ (applicant/tenant name) certify to the Gainesville Housing Authority (GHA), that no one in my household composition currently receives any income from any source, including, but not limited to the following:

- Earnings from employment
- Unemployment benefits
- Workman's Compensation
- AFDC/TANF/Welfare
- Social Security
- SSI
- SSD
- Alimony
- Child Support
- Income from a business
- Income from a child care business
- Recurring gifts of money or goods or services (in-kind contributions)
- Income from assets
- Income from performing services (i.e. yard work, hairstyling, braiding, nails, etc.)

I understand that if anyone in my household composition receives income in any form, I must report the change in income in writing within the month the change occurs. I understand that if I fail to report income, I will be in violation of my agreement with the Gainesville Housing Authority (GHA) under the Housing Choice Voucher and the Public Housing Programs. I understand that my Public Housing/Section 8 Assistance can be terminated if I fail to report the correct income for my household.

NOTE: Florida Law Chapter 409.325 F.S. makes it a crime to knowingly give false information to get into housing, to get lower rent, or to receive aid or benefits under any state or federally funded assistance program.

This statement must be notarized and returned to the Gainesville Housing Authority (GHA) before Certification/Re-certification can be completed.

STATE OF FLORIDA }
COUNTY OF _____ }

Under penalty of perjury, I hereby affirm/swear that the above information is true and correct to the best of my knowledge and belief.

Signature of Affiant

The forgoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who produced _____ identification and who did/did not take an oath.

NOTARY SEAL

NOTARY PUBLIC
My Commission Expires: _____

Zero Income Checklist and Worksheet: Verification of Non-case Contributions

This checklist and Worksheet is to be completed by all families whose Total Tenant Payment equals the minimum rent, for families reporting less than \$100 per month in total income. The Form should be completed prior to admission, every 90 days, and at each recertification.

1. Food Expenses

- a. Are you or any member of the household receiving Food Stamps? Yes No.
- b. If yes, what is the monthly value of food stamps? \$ _____.
- c. If no, what is your weekly grocery bill? \$ _____.
- d. How do you or any member of the household pay the weekly grocery bill? _____.
- e. If someone other than a member of the applicant/tenant family contributes to groceries, who contributes? _____.
- f. What is the average cash weekly amount for groceries contributed from all sources? \$ _____. **THIS AMOUNT IS INCOME.**
- g. Does anyone contribute groceries or prepared food to the family on a regular basis?
 Yes No. If yes, what is the average weekly value of groceries or prepared food contributed? \$ _____. **THIS AMOUNT IS INCOME.**

Verification: *At least one (1) month's worth of grocery receipts for your household must be provided with this form.*

2. Cleaning, Grooming and Paper Products Expenses

- a. Including paper napkins, feminine products, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers/briefs, what is the weekly value of paper products used by the family? \$ _____.
 - b. How are the products paid for? _____.
 - c. If someone other than a member of the applicant/tenant family contributes to paper products, who contributes? _____.
 - d. What is the average weekly value of cash contributions for paper products? \$ _____. **THIS AMOUNT IS INCOME.**
 - e. Does anyone contribute paper products to the family on a regular basis? Yes No.
 - a. If yes, what is the average weekly value of paper products contributed to the family? \$ _____. **THIS AMOUNT IS INCOME.**
 - f. Including soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, grease, lotion, creams, weave, wigs, beautician services, etc, what is the weekly value of grooming products and services used by the family? \$ _____.
 - g. How does the family pay for the cost of grooming products and services? _____
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- h. If someone other than a member of the applicant/tenant family contributes to grooming products, who contributes? _____.
- i. What is the average weekly value of contributions (cash or products) for grooming products? \$_____. **THIS AMOUNT IS INCOME.**
- j. Including dishwashing soap, laundry detergent, and household cleaning products, what is the weekly value of cleaning products used by the family? \$_____.
- k. How does the family pay for the cleaning products? _____

- l. If someone other than a member of the applicant/tenant family contributes to cleaning products, who contributes? _____
- m. What is the average weekly value of cash contributions for cleaning products? \$_____. **THIS AMOUNT IS INCOME.**
- n. Does anyone contribute cleaning products to the family on a regular basis? Yes No.
- o. If yes, what is the average weekly value of cleaning products contributed to the family? \$_____. **THIS AMOUNT IS INCOME.**

3. Transportation Expenses

- a. 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 payments? \$_____.
- b. How does the family make the car payment? _____

- c. If someone other than a family member of the applicant/tenant household contributes to the car payment, who contributes? _____
- d. What is the monthly amount of contribution toward the car payment? \$_____. **THIS AMOUNT IS INCOME. *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: \$_____ **Maintenance:** \$_____ **Insurance:** \$_____ **Tires:** \$_____

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

- b. If someone other than a member of the applicant/tenant family contributes to the car's operating costs, who contributes? _____
- c. What is the average monthly amount of cash or direct payment contribution to the car's operating costs? \$_____. **THIS AMOUNT IS INCOME.**

Verification: *At least one month's gas receipts, proof of insurance and proof of car payment must be provided with this form (if applicable).*

Note: **Uninsured automobiles cannot be parked on GHA property.**

- d. If a family does not own a car, what does the family use for transportation? _____
- e. How does the family pay for this transportation? _____
- f. If someone other than a member of the applicant/tenant family contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? \$_____. **THIS AMOUNT IS INCOME.**

Verification: *If the family does not own a car you must provide a credible statement of the way they pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.*

4. Entertainment Expenses

- a. Does the family have a cable TV connection? Yes No If yes, does the family have the basic minimum service or do they also have any premium channels? Yes No
- b. What is the average monthly cost of the cable TV service? \$ _____
- c. How does the family pay for the cable TV service? _____
- d. If someone other than a member of the applicant/tenant family contributes to the cost of cable TV service, who contributes? _____
- e. What is the average monthly contribution (in cash or direct payment to the cable company) for cable TV? \$ _____. **THIS AMOUNT IS INCOME**
- f. Including the following:
Magazines: \$ _____ **Movies:** \$ _____ **Video Rentals** \$ _____ **Club memberships:** \$ _____ **Sporting events:** \$ _____ **Liquor/Beer/Wine:** \$ _____
Lottery/Scratch-off tickets: \$ _____ **Vacation:** \$ _____ **Skating:** \$ _____
Other entertainment: \$ _____
- g. How does the family pay for the other entertainment costs? _____
- h. If someone other than a member of the applicant/tenant family contributes to the costs of other entertainment, who contributes? _____
- i. What is the average monthly contribution (in cash or entertainment provided) for other entertainment? \$ _____. **THIS AMOUNT IS INCOME**

Verification: *Two monthly bills for cable TV, plus receipts for other entertainment costs, must be provided with this form.*

5. Clothing Expenses

- a. What are the ages and sexes of all family members?

Family member #	Age	Sex
Head		
#1		
#2		
#3		
#4		
#5		
#6		
#7		
#8		
#9		
#10		

- b. What is the average monthly cost for clothing and shoes for the family? \$ _____
- c. How does the family pay for clothing and shoes? _____
- d. If someone other than a member of the applicant/tenant family contributes to the cost of clothing, who contributes? _____
- e. What is the average monthly contribution for clothes cleaning? \$ _____. **THIS AMOUNT IS INCOME**

- f. What is the weekly amount spent by the family for laundry/dry cleaning clothing?
\$ _____ . **THIS AMOUNT IS INCOME**

Verification: *A schedule that shows when clothing and shoes are purchased and the amounts spent must be provided with this form. Remember that children will need more clothing and shoes than adults because they are growing.*

6. Smoking Expense

- a. Does anyone in the applicant/tenant household smoke cigarettes or cigars? Yes No
b. If yes, does the family have the basic minimum service or do they also have any premium channels? Yes No
c. What is the average monthly cost of the cable TV service? \$ _____
d. Please list the brands of cigarettes/cigars smoked. _____

Verification: *The brand of cigarettes/cigars smoked must be provided with this form.*

7. Communications Expense

- a. Does the family have a landline telephone? Yes No
b. If yes, does how many lines does the family have into its unit? _____
c. Does the family have any special telephone services, i.e. call waiting, call forwarding, caller ID, etc.? Yes No
d. Does anyone in the family have a cell phone? Yes No
e. If yes, what is the average monthly cost for telephone service? \$ _____
f. How does the family pay for the cost of cell phone service? _____
g. If someone other than a member of the applicant/tenant household contributes to the cost of the cell phone service, who contributes? _____
h. What is the average monthly contribution (in cash or direct payment of the telephone bill) for cell phone service? \$ _____ . **THIS AMOUNT IS INCOME**
i. Does anyone in the family have a pager/beeper? Yes No
j. If yes, how many members have beepers/pagers? _____
k. What is the average monthly cost for the beepers/pagers? \$ _____
l. How does the family pay for the cost of the beepers/pagers? _____
m. If someone other than a member of the applicant/tenant household contributes to the cost of the beeper/pager service, who contributes? _____
n. What is the average monthly contribution (in cash or direct payment of the beeper/pager bill)? \$ _____ . **THIS AMOUNT IS INCOME**
o. Does the family have an Internet connection? Yes No
p. If yes, who is the Internet provider? _____
q. What is the monthly cost of the Internet connection? \$ _____
r. Is there a dedicated telephone line for the Internet? Yes No
s. If yes, does the telephone line show on the family's telephone bill? Yes No
t. If no, get a copy of the family's other telephone bill.
u. How does the family pay for the Internet connection? _____
v. What is the average monthly cost of the Internet connection? \$ _____
w. If someone other than a member of the applicant/tenant family contributes to the cost of the Internet connection, w ho contributes? _____
x. What is the average monthly contribution (in cash or direct payment to the Internet provider) for Internet services? \$ _____ . **THIS AMOUNT IS INCOME**

Verification: *At least two month's worth of bills for telephone, beeper/pager and Internet services needs to be provided with this form.*

8. Shelter Expenses

For applicants

- a. What is the average monthly cost for housing and utilities? \$ _____
- b. How does the applicant pay the cost of shelter? \$ _____.
- c. If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? _____
- d. What is the average monthly contribution to shelter (housing plus utilities)? \$ _____
- e. Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to public housing? Yes No
- f. If no, why not? _____

For tenants

- a. What is the average monthly cost for housing and utilities? \$ _____
- b. How does the tenant pay the cost of shelter? \$ _____.
- c. If someone other than a member of the tenant household contributes toward the shelter costs, who contributes? _____
- d. What is the value of the contribution toward shelter? \$ _____ **THIS AMOUNT IS INCOME**

Verification: *Please provide a copy of your utility bill and rent payment receipt.*

9. Medical Expenses

- a. Does the family have any unreimbursed medical expenses? Yes No.
- b. If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____
- c. How does the family pay for unreimbursed medical expenses? _____

- d. If someone other than a member of the applicant/tenant household contributes toward medical expenses, who contributes? _____
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 and the amounts contributed toward the expenses:

- a. Church contributions: \$ _____
- b. Unreimbursed Educational Expenses: \$ _____
- c. Unreimbursed Child care Expenses: \$ _____
- d. Unreimbursed Job Expenses: \$ _____

Worksheet for Inome from Contributions

1. What is the family’s verified Annual Income? \$ _____
 - a. 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 rent.

2. Does the family have any income that is excluded from Annual income? Yes No
 - a. 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 GHA’s ACOP or Section 8 Admin 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 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 worksheet above:

To compute annual expenses, multiply weekly average costs by 52 and monthly average costs by 12.

Type of Cost	\$ Weekly Expenses	\$ Monthly Expenses	\$ Annual Expenses	\$ Contributed Toward Expenses
1. Food				
2. Cleaning, Grooming & paper products				
3. Transportation				
4. Entertainment				
5. Clothing				
6. Smoking				
7. Communications				
8. Shelter (Housing and Utilities)				
9. Medical				
10. Miscellaneous				
TOTALS				

4. When the matrix is completed, total the two columns on the left: \$ Annual Expenses 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 \$ 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 Annual Income. Once again, add Annual income and Excluded income. If the total of these two 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 Annual Expenses.