



ZERO INCOME VERIFICATION FORM

Instructions: do not leave any blanks. Answer every question on this form. If an area of this form does not apply to you, write the word "none." Incomplete forms will be returned and may delay your assistance. Mail, upload or bring this form back to MWHS within 10 days of receipt.

Please list all household members:

Name	Date of Birth	Age	Gender

Food Expenses

How does the family pay the grocery bill? _____

If someone other than a member of the household contributes, who contributes? _____

What is the average monthly cash value contributed from all sources? \$ _____

What is the monthly food stamp benefit amount? \$ _____

Paper Product Expenses

What is the monthly value of paper products used by the family? (include paper napkins, toilet paper, paper towels, trash bags, disposable diapers and other paper goods.) \$ _____

How does the family pay for these products? _____

If someone other than a member of the household contributes, who contributes? _____

What is the average monthly cash value contributed for these products? \$ _____

Personal Hygiene Expenses

What is the monthly value of personal hygiene products used by the family? (include soap, deodorant, toothpaste, shampoo etc.) \$ _____

How does the family pay for these products? _____

If someone other than a member of the household contributes, who contributes? _____





Cleaning Product Expenses

What is the monthly value of cleaning products used by the family? (include dish soap, laundry detergent and other household cleaning products.) \$ _____
How does the family pay for the cost of these products? _____
If someone other than a member of the household contributes, who contributes? _____
What is the average monthly cash value contributed for these products? \$ _____

Clothing Expenses

What is the monthly cost of clothing and shoes used by the family? \$ _____
How does the family pay for the cost of clothing and shoes? _____
If someone other than a member of the household contributes, who contributes? _____
What is the average monthly cash value contributed for clothing and shoes? \$ _____

Transportation Expenses

Does the family own a car? Yes No If yes, are payments still due on the car? Yes No
If yes, what is the amount of the monthly car payment? \$ _____
How does the family make the car payment? _____
If someone other than a member of the household contributes to the car payment, who contributes? _____
If the family owns a car and no payments are due, what are the average monthly amounts the family pays for the following?
Gas \$ _____ Maintenance \$ _____ Insurance \$ _____

How does the family pay for these auto-related expenses? _____
If the family does not own a car, what does the family use for transportation? _____
How does the family pay for this transportation? _____
If someone other than a member of the household contributes to other transportation costs, who contributes? _____
What is the average monthly cash value of the contribution to transportation? \$ _____

Entertainment Expenses

How does the family pay for entertainment expenses such as cable, magazines, etc? _____
What are the average monthly costs for entertainment? _____ Include the following:
Magazines \$ _____ Movies \$ _____ Video Rentals \$ _____ Cable \$ _____



Vacations \$ _____ Sporting Events \$ _____ Internet Connection \$ _____

Communication Expenses

Does the family have a telephone or cell phone? Yes No

What is the average monthly cost for telephone services? \$ _____

How does the family pay for the cost of the telephone service? _____

If someone other than a member of the household contributes to the cost of telephone service, who contributes? _____

Utility Expenses

Is your public service balance current? Yes No

What was the date of your last payment? _____ What was the balance of your last bill? _____

What is the average monthly amount you pay for utility costs? \$ _____

If someone other than a member of the household contributes to the cost of the utility service, who contributes? _____

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:

Un-reimbursed medical expenses \$ _____ School Supplies \$ _____ Pet Food \$ _____

Television, furniture, washer, dryer rental \$ _____

I/we certify that the information given to MWHS on household composition, income, net family assets and allowance and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that we are required to report any changes in household composition, income, net family assets and allowance and deductions in writing within 10 days of their occurrence on the Rent Café portal.

I/we also understand that if a resident submits fraudulent information to this agency or withholds relevant information from this agency, the resident will be charged back rent, face eviction proceedings and will be turned in for prosecution for violating a federal law.





By signing below, I hereby certify all information provided is true and complete to the best of my knowledge.

Signature of Head of Household

Date

Other Family Member Age 18+

Date

Other Family Member Age 18+

Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

