NEW YORK CITY HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT
HOUSING CHOICE VOUCHER PROGRAM

ZERO INCOME QUESTIONNAIRE

1. HEAD OF HOUSEHOLD'S NAME: 2. ADDRESS:	3. VOUCHER NUMBER:

Families claiming zero income for their households are required to complete a Zero Income Questionnaire quarterly. The questionnaire captures information on your household basic needs and living expenses. Please be advised that failure to complete and submit the Zero Income Questionnaire by the due date may result in the start of termination proceedings due to your failure to establish whether your household earns any income. Please complete the form by the due date to avoid such action.

A. HOUSEHOLD INCOME

1. Do you currently have "Zero (No) Income in your household? ☐ Yes ☐ No

2. Are you or any household member expecting any income in the next 12 months? ☐ Yes ☐ No

   a. If yes, please give the name of the family member below, when they will get the income and the type of income they will receive below.

   Examples of income includes: Contributions, Public Assistance, Veteran Affairs payments, Social Security, SSI, SSD, Unemployment, Worker's Compensation, Child Support, etc.

HOUSEHOLD MEMBER NAME	SOURCE(S) OF INCOME EXPECTED IN THE NEXT 12 MONTHS	AMOUNT	FREQUENCY *(Weekly, Bi-Weekly, Monthly)*
1.			
2.			
3.			
4.			
5.			

B. BASIC LIVING EXPENSES: *(Per Month):* List how you pay or will pay for the following:

1. Do you currently pay rent? ☐ Yes ☐ No

   If yes, what sources of income do you use to pay rent? _____

2. Do you have cable/satellite TV/internet/video streaming service (Netflix, HULU, etc.)? ☐ Yes ☐ No

   If yes, source of funds to pay for cable/internet: _____

3. Do you or anyone in your household have a home and/or cell phone? ☐ Yes ☐ No

   If yes, source of funds used to pay phone bill(s): _____

4. Do you or anyone in your household receive Supplemental Nutrition Assistance Program (SNAP)/Food Stamps?

   ☐ Yes ☐ No

   If yes, monthly amount you spend: $_____

   If no, source of funds to buy grocery items: _____

5. How much does your household spend on personal hygiene products (soaps, deodorant, hair products, make-up, over-the-counter medication, etc.), cleaning supplies and laundry-mat or on-site laundry facilities per month?

   $_____

   Source of funds for these items: _____

6. Does anyone in the household take public transportation? ☐ Yes ☐ No

   If so, monthly amount spent: $_____

   Source of funds for these items: _____

7. Do you own a car? ☐ Yes ☐ No Do you have a monthly car payment? ☐ Yes ☐ No

   If so, monthly amount spent on payment and or gas: $_____

   Source of funds for these items: _____

8. Do you pay for school related expenses (lunches, supplies, fees, etc.)? ☐ Yes ☐ No

   Source of funds to pay for these items: _____

9. Please list the approximate amount you or anyone in your household spends on clothing, shoes, accessories, etc.

   amount per month: $ _____

   Source of funds to pay for these items: _____

10. Are there any pets in the household?. ☐ Yes ☐ No

    If so, monthly amount spent for pet food, grooming, veterinarian care, toys, etc.: $_____

    Source of funds for these expenses: _____

C. ADDITIONAL SOURCE(S) OF INCOME: *(Please list any additional sources of income that you did not list above)*

1. Income Amount: $ _____ Source of Income: _____
2. Income Amount: $ _____ Source of Income: _____

D. ACKNOWLEDGEMENT

1. I have stated during this verification process that I have no income at this time. I have not received income

   since this date _____ .

2. I do not expect to receive any income until this date _____ .

I/We:

- Certify that the statements on this form are true to the best of my/our knowledge and belief.
- Understand that it is my responsibility to report all changes to my household composition or income in writing to the Leased Housing Department within 30 calendar days of such change.
- Authorize the release of information to New York City Housing Authority by my/our employer(s), the Department of Human Resources Administration, the Social Security Administration, and/or other businesses or government agencies to verify my responses.

I/We understand that any misrepresentation of information or failure to disclose information requested on this form may be grounds for termination of my Housing Choice Voucher assistance as permitted by Federal Regulations and/or State and Local law.

Head of Household Signature: _____ Date: _____

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