



HOUSING CHOICE VOUCHER PROGRAM - ZERO INCOME FORM

Name of Head of Household: _____ Social Security Number: _____

Phone Number: _____ Email Address: _____

Please initial on the following lines:

I hereby certify that my household **does not** receive income from any of the following sources:

- _____ Wages from employment (including commissions, tips, bonuses, fees, etc.);
- _____ Income from self employment or operation of a business;
- _____ Rental income from owned property;
- _____ Interest or dividends from assets;
- _____ Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- _____ Unemployment or disability payments;
- _____ TANF payments;
- _____ Child support, gifts received from persons not living in my household, or alimony.

Please answer the following questions:

How will you pay for rent and utilities? _____

How will you pay for groceries? _____

How will you pay for internet/cable expenses? _____

How will you pay for transportation expenses? _____

How will you pay for home/cell phone bill? _____

How will you pay for toiletries? _____

If you stated that anyone outside of your household gives you any money to pay for any bills or expenses, please supply a written statement from them. **Name, phone number, and address of person(s) helping you:** _____

Please read and initial below:

_____ **I understand** that I must report the start of any income, benefits, financial aid, contributions and any other source of money in writing to the Grand Forks Housing Authority within 10 days of the start of any income. (hire date, start of benefits, etc.)

_____ **I understand** that I will be required to re-pay any overpaid assistance caused by failing to report the start of income, and my participation in the housing assistance program may be terminated if I fail to report any income.

If a person provides the Housing Authority with false, incomplete or inaccurate information, the following penalties may apply:

- Assistance may be terminated
- Be evicted
- Be required to repay all overpaid rental assistance received
- Be fined up to \$10,000
- Be imprisoned for up to 5 years
- Be prohibited from receiving future assistance.

By signing below, each person is certifying that the information provided on this zero income form is complete and accurate.

Signature

Date

Signature

Date

