

Zero Income Affidavit

Date_____

I, _____ declare that I presently have no income. I understand the term "income" to include, but not to be limited to the following: Salary or wages from a job, operation of a business, seasonal or self-employment, monies received from assets, Social Security benefits, retirement/pension benefits unemployment, disability compensation severance pay, welfare or public assistance, alimony, child support, educational grants/loans or scholarships, Veteran's education benefits, Armed forces regular or special pay or allowances (exception of hostile pay), lottery winnings, recurring monetary gifts or contributions, or any other sources.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to the Bloomington Housing Authority on this form or in connection with your application for housing assistance.

Signature_____Date_____

Witness_____Date_____

ZERO INCOME QUESTIONNAIRE

Each question pertains to you as well as all other members of your household.

Please answer every question.

Since the date of the last re-evaluation:

- 1. Has anyone moved in or out of your home? Yes No
- 2. Has anyone applied for work? Yes No
- 3. Has anyone started a job? Yes No
- 4. Has anyone quit a job? Yes No
- 5. Has anyone been laid off or terminated? Yes No
- 6. Is anyone self-employed? Yes No

7. Circle any of the following programs you have applied for:

Food Stamps TANF Energy Assistance Social Security
SSI Unemployment Child Support

8. Circle any of the following that anyone in your household currently receives:

Food Stamps TANF Energy Assistance
Social Security SSI Unemployment
Child Support Pension Disability Pay

9. How do you get the following: personal hygiene products, paper products, household cleaners?

10. Do you have any of the following? Circle the items you do have.

Cable/Satellite TV Internet Automobile Telephone Cell Phone Credit Cards

11. Does anyone outside your household pay for any of the above listed items? Yes No

12. Do you or anyone in your household smoke? Yes No

13. Do you have any of the following types of insurance? Circle the items you have.

Renters Auto Life Medical Other (please list) _____

14. Do you pay any portion of your current rent or utilities? Yes No

15. Do you or anyone in your household receive any type of income or money not mentioned above? (ie plasma, salvaging metals) Yes No

I certify that the answers I have given are true and accurate to the best of my knowledge. I agree to provide any documentation requested regarding any statement herein.

Printed Legal Name Of Head Of Household _____

Signature Of Head Of Household _____ Date: _____

Signature Of BHA Witness _____ Date: _____

WARNING! Title 18, Section 1001 of the U.S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department of or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.