

Affidavit of Zero Income



4020 Civic Center Drive  
San Rafael, CA 94903  
415-491-2525  
Executive Director  
Lewis A. Jordan

Date: \_\_\_\_\_

Head of Household \_\_\_\_\_

I \_\_\_\_\_, certify that I have zero income.

I am (check one):

\_\_\_\_\_ The Head of Household

\_\_\_\_\_ The Spouse of the Head of Household

\_\_\_\_\_ Any other adult in the household

I fully understand that if I become eligible for any type of income and/or assistance, or accept temporary, part or full-time employment, I must report this to Marin Housing within ten (10) working days.

I understand that because I presently have no source of income Marin Housing requires an interim re-examination of income quarterly. The result of the interim re-examination may lead to an increase of the family rent share.

\_\_\_\_\_

**I do hereby swear and attest that the information above is true and correct.**

**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 or agency of the United States.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attesting to the truth of the above by the Head of Household.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Zero Income Questionnaire

\_\_\_\_\_  
Tenant Name (HOH)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address of Unit

To claim zero income in the HUD Public Housing Program you must have no income from any source except student financial aid, resident service stipends, adoption assistance payments, earned income for full time students **EXCEPT THE HEAD OF HOUSEHOLD OR SPOUSE**, adult foster care payments, compensation from State or local job training programs, and training of resident management staff, property tax rebates, homecare payments for developmentally disabled children or adult family members, and deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum.

Please complete the questions below, sign and date and return to our office if you are claiming zero income for housing benefits. Failure to do so will result in your losing your housing assistance.

I, as head of household, or any adult member (over the age of 18) living in the above unit, receive income from the following sources:

Wages, including part-time, commissions, and overtime:	Yes ___ No ___
TAF or any other income from SRS:	Yes ___ No ___
Social Security Income, including payments received for children:	Yes ___ No ___
SSI Benefits:	Yes ___ No ___
Pensions:	Yes ___ No ___
Interest or Dividend Income:	Yes ___ No ___
V.A. Benefits:	Yes ___ No ___
Baby-sitting Income:	Yes ___ No ___
Recurring periodic gifts:	Yes ___ No ___
Tips:	Yes ___ No ___
Bonuses:	Yes ___ No ___
Salary from family owned business:	Yes ___ No ___
Net Income from self-owned business:	Yes ___ No ___
Annuities:	Yes ___ No ___
Insurance Policies:	Yes ___ No ___
Retirement Funds:	Yes ___ No ___
Disability or Death Benefits:	Yes ___ No ___
Workers Compensation:	Yes ___ No ___
Severance Payments:	Yes ___ No ___
Alimony:	Yes ___ No ___
Child Support:	Yes ___ No ___
Winnings paid in periodic payments:	Yes ___ No ___
Rent Income of any type:	Yes ___ No ___

I understand that if I claim zero income for housing assistance, I must complete this form every 90 days and return it to the housing office. Failure to do so and/or providing false statements will result in my losing my housing assistance. I agree to notify the housing agency IN WRITING IMMEDIATELY if the above information changes. I certify that the above information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

## DECLARATION FROM FAMILIES REPORTING MINIMAL OR UNSTABLE INCOME

Family Name: \_\_\_\_\_

Date of Report: \_\_\_\_\_

		Yes	No	Average Cost	Name and Address of the person or agency that pays the bill
1.	Are you responsible for PG&E service?				
2.	Do you have cable television services?				
3.	Do you have any form of satellite television service?				
4.	Do you or anyone in your household have a phone in your home?				
5.	Do you or anyone in your household have a cell phone or pager?				
6.	Do you or anyone in your household have internet services?				
7.	Does anyone in your household own or lease a car?				
8.	What is the make, model and year of the car(s)?				
9.	How much is the car payment?	\$			
10.	How much is the insurance?	\$			
11.	How much is gas per month?	\$			
12.	Does anyone in your household use public transportation? (Bus)				
13.	Does anyone in your household have any credit card accounts?				

14.	Do you provide food for cooking or precooked meals for your family?				
15.	What is the monthly value of grooming products for your family? (soap, deodorant, shampoo, toothpaste, etc.)	\$			
16.	What is the monthly value of paper products for your family? (napkins, paper towels, toilet paper, trash bags, etc.)	\$			
17.	Do you own a washer/dryer?				
18.	Do you use public laundry facilities?				
19.	What is the monthly value entertainment for the household? (movies, dining out, etc.)	\$			
20.	What is the monthly amount you spend on new clothing for your family?	\$			
21.	How do you pay the minimum rent of \$50.00 each month?				

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date