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STATEMENT OF ZERO INCOME

Full Legal Name of Head of Household: _____ SSN: _____

Adult Family Member(s) Reporting Zero/No Income: _____

You have recently indicated or certified that you or another adult household member (18 yrs. or older) had or currently has no income. This form must be completed for the Housing Authority to determine your assistance level and you may be asked to provide receipts or additional information to confirm this information.

No field may be left blank, if a field does not apply mark with either NA or Zero. Incomplete forms will be sent back and may delay processing.

ZERO INCOME MEMBER CERTIFICATION

I hereby certify that I **DO NOT** receive, or anticipate to receive within the next three months any income from the following sources:

- I do not receive or expect to receive alimony or child support, regular or periodic AGREE DISAGREE
- I do not receive or expect to receive income from wages full-time, part-time, or seasonally AGREE DISAGREE
- I do not receive or expect to receive income from trade work or directly from someone who pays you cash AGREE DISAGREE
- I do not receive or expect to receive unemployment benefits AGREE DISAGREE
- I do not receive or expect to receive Social Security Benefits AGREE DISAGREE
- I do not receive or expect to receive Supplemental Security Income (SSI) AGREE DISAGREE
- I do not receive or expect to receive public assistance (ABD, TANF, GA, SNAP) AGREE DISAGREE
- I do not receive or expect to receive utility assistance AGREE DISAGREE
- I do not own or operate my own business AGREE DISAGREE
- I do not receive a pension or annuity AGREE DISAGREE
- I do not receive or expect to receive contributions or gifts from anyone not residing in the household AGREE DISAGREE
- I do not receive income from assets including interest on checking/savings accounts/certificates of deposit/stocks or bonds; or income from rental property AGREE DISAGREE
- I do not receive or expect to receive worker's compensation or other disability pay AGREE DISAGREE
- I do not receive or expect to receive military pay or veteran's benefits AGREE DISAGREE
- I do not receive or expect to receive income from a trust AGREE DISAGREE
- I do not donate/sell or anticipate that I will donate/sell plasma AGREE DISAGREE
- I do not receive or expect to receive recycling bottles/cans AGREE DISAGREE
- I do not receive or expect to receive any lump-sum payments (such as an SSI back-payment; lawsuit settlement, lottery winnings, inheritances, etc) AGREE DISAGREE
- I do not receive or expect to receive financial aid for college or trade school AGREE DISAGREE
- I do not receive or expect to receive any other income that is not already named AGREE DISAGREE

If "DISAGREE" please list: _____

I do not currently have any income of any kind and there is no expected change in my financial status or employment status during the next three months. If you do receive or anticipate to receive income from one of the above named income sources, please explain:

HOUSEHOLD EXPENSES PAID

Please indicate in the table below, your total expenses anticipated and paid each month.

If you do not pay for one of items enter a zero, do not leave blank.

Bus Fare: \$	Cable TV: \$	Car Fuel/Oil: \$
Car Insurance: \$	Car Payments: \$	Car Repairs: \$
Credit Card Pmts: \$	Food: \$	Loan Pmts: \$
Medical Expenses: \$	Personal Items: \$	Rent: \$
School Expenses: \$	Telephone: \$	Other Utilities: \$
Other Expenses (Please list expense & amount paid each month):		
1.	2.	3.

PERSONAL STATEMENT

I will be using the following resources or funds to pay for my rent and other necessities for the next three months by (this field cannot be left blank):

EMPLOYMENT

I have worked in the past 12 months

YES NO

My last place of employment was: _____

Dates from: _____ To _____

Employer Contact Information Manager/Supervisors Name: _____

Phone: _____ Email: _____

My gross income was: _____ hr/ wk/ mo Bonus/Overtime/Tips: _____ hr/wk/mo

IMPORTANT NOTE: You are required to report in writing any changes in income, assets, or household composition to PCHA within ten (10) working days of that change.

CERTIFICATION

I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that PCHA is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance as well as an overpayment recovery and may be punishable under Federal law.

Signature of HOH

Date

Signature of Adult Family Member

Date

WARNING: Title 18, Section 1001 of United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of agency of the United States.