

Zero Income Checklist

Groceries	
Can Goods	Is the family receiving food stamps? Yes <input type="checkbox"/> No <input type="checkbox"/> Value:\$_____
Dry Goods	If no, what is the monthly grocery bill? \$_____
Frozen Foods	How does the family pay the weekly grocery bill? _____
Fruits	_____
Vegetables	If someone other than a member of the applicant/tenant's family contributes to groceries, who contributes? _____
Meats	_____
Milk/Juice	_____
Caffeinated Beverages	What is the average cash monthly amount for groceries contributed from all sources? \$_____
Prepared Foods	_____
Eating Out	_____

Paper Products	
Toilet Paper	What is the monthly value of paper products used by the family? \$_____
Paper Towels	How does the family pay for these products? _____
Paper Napkins	_____
Trash Bags	If someone other than a member of the applicant/tenant's family contributes to paper products, who contributes? _____
Diapers	_____
Baby Wipes	_____
Sanitary Items	What is the average cash monthly contributions for paper products? \$_____

Grooming Products/ Cleaning Products	
Soap	What is the monthly value of these products used by the family? \$_____
Deodorant	How does the family pay for these products and services? _____
Shampoo	_____
Toothbrushes	If someone other than a member of the applicant/tenant's family contributes to these products and services, who contributes? _____
Toothpaste	_____
Dental Floss	_____
Cosmetics	What is the average monthly value (cash or products) contributions for these products? \$_____
Hair Color	_____
Barber	_____
Beautician	_____
Manicure/Pedicure	_____
Dishwashing Soap	_____
Laundry Detergent	_____
Household Cleaning Products	_____

Transportation	
Car Payments	Does the family own a car? Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance	If yes, are there still payments due on the car? Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas	If yes, what is the monthly car payment amount? \$_____
Maintenance	How does the family make the car payment? _____

	If someone other than a member of the applicant/tenant household contributes to the car payment, who contributes? _____
	What is the monthly amount of contribution toward the car payment? \$_____
	What is the average monthly amount paid for the following:
	Gas: \$_____ Maintenance: \$_____ Insurance: \$_____
	How does the family pay for these auto related expenses? _____

	If someone other than a member of the applicant/tenant household contributes to the car's operating cost, who contributes? _____
	What is the average monthly amount of cash or other contribution to transportation? \$_____

Clothing

Clothes Shoes Laundry Mat Dry Cleaning	What is the average monthly cost for clothes and shoes for the family? \$ _____ How does the family pay for clothing and shoes? _____ _____ If someone other than a member of the applicant/tenant household contributes to clothing and shoes, who contributes? _____ What is the average monthly contribution (in cash or new clothes and shoes) for clothing? \$ _____ What is the monthly amount spent by the family for laundry/dry cleaning? \$ _____ How does the family pay for cleaning its clothing? _____ _____ If someone other than a member of the applicant/tenant household contributes to clothing and shoes, who contributes? _____ What is the average monthly contribution for clothes cleaning? \$ _____
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Smoking Expenses

Cigarettes Cigars Tobacco Lighters/Matches Lighter Fluid E-Cigarettes Vape	Does anyone in the household smoke cigarettes or cigars? Yes <input type="checkbox"/> No <input type="checkbox"/> How does the family pay for the cost of cigarettes or cigars? _____ _____ If someone other than a member of the household contributes to the cost of smoking, who contributes? _____ What is the average monthly contribution (in cash or cigarettes/cigars)? \$ _____
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Communication Expenses

Land Line Cell Phone Call Waiting Call Forwarding Caller ID Texting Long Distance Service Prepaid Phone Service Internet Connection Phone Apps	Does the family have a telephone? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the family have any special telephone services? _____ _____ Does anyone in the family have a cell phone? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the average monthly cost of the telephone service? \$ _____ How does the family pay for the cost of the telephone service? _____ _____ If someone other than a member of the applicant/tenant household contributes to telephone service, who contributes? _____ What is the average monthly contribution (in cash or direct payment of the telephone bill) for telephone service? \$ _____ Does the family have internet connection? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the average monthly cost of the internet service? \$ _____ How does the family pay for the cost of the internet service? _____ _____ If someone other than a member of the applicant/tenant household contributes to internet service, who contributes? _____ What is the average monthly contribution (in cash or direct payment of the internet bill) for internet service? \$ _____
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Shelter Expenses (Applicants Only)

Rent Mortgage Electric Gas Water Sewer Garbage	What is the average monthly cost for housing and utilities? \$ _____ How does the applicant pay the cost of shelter? _____ _____ If someone other than a member of the applicant/tenant household contributes to housing or utility cost, who contributes? _____ What is the average monthly contribution to shelter (housing and utilities)? \$ _____ Will the person contributing toward shelter continue to do so when the applicant is admitted to public housing? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Shelter Expenses (Tenants Only)

Rent	What is the average monthly cost for housing and utilities? \$ _____
Electric	How does the tenant pay the cost of shelter? _____
Water	_____
Sewer	If someone other than a member of the applicant/tenant household contributes to housing or utility cost, who contributes? _____
Garbage	What is the average monthly contribution to shelter (housing and utilities)? \$ _____

Medical Expenses

Prescription Drugs	Does the family have any unreimbursed medical expenses? Yes <input type="checkbox"/> No <input type="checkbox"/>
Over-the Counter Medication	If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____
Doctor Visits	_____
Outstanding Medical Bills	How does the tenant pay for the unreimbursed medical expenses? _____
Dental Visits	_____
Medical Insurance	If someone other than a member of the applicant/tenant household contributes toward medical expenses, who contributes? _____
	What is the average monthly contribution to medical expenses? \$ _____

Entertainment

Cable	Does the family have cable or satellite TV connection? Yes <input type="checkbox"/> No <input type="checkbox"/>
Satellite	If yes, does the family have the basic minimum service or do they also have any premium channels? Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Magazines	How does the family pay for the cable TV service? _____
Movies	_____
Video Rentals	If someone other than a member of the applicant/tenant's family contributes to the cost of cable TV service who contributes? _____
Streaming Services	What is the average monthly contribution (in cash or direct payment to the cable/satellite company) for service? \$ _____
Club Membership	What are the average monthly cost of other types of entertainment to the family? Magazines: \$ _____ Movies: \$ _____ Video Rental/Streaming Services: \$ _____
Sporting Events	Sporting Events: \$ _____ Liquor/Wine/Beer: \$ _____
Liquor/Wine/Beer	Lottery Tickets: \$ _____ Vacations: \$ _____
Lottery Tickets	Other Entertainment: \$ _____
Vacations	How does the family pay for other entertainment costs? _____
	If someone other than a member of the applicant/tenant family contributes to the cost of other entertainment, who contributes? _____
	What is the average monthly contribution (in cash or entertainment provided) for other entertainment? \$ _____

Miscellaneous Expenses

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses and the amounts contributed toward the expenses.

Church Contributions: \$ _____ Unreimbursed Education Expenses: \$ _____

Unreimbursed Childcare Expenses: \$ _____ Unreimbursed Job Expenses: \$ _____

Certification by Applicant/Tenant

I/We certify that all questions on this Zero Income Checklist have been asked of me/us at my/our interview by management. I/We have understood and answered all questions. I/We have reviewed my/our answers on this checklist. I/We certify that all answers are true to the best of my/our knowledge and that any misrepresentation of information can lead to rejection of my/our application or termination of a lease agreement.

Signature

Date

Signature

Date

