

## ZERO INCOME VERIFICATION CHECKLIST

Printed name of person completing form: \_\_\_\_\_

### LIST YOUR MONTHLY/WEEKLY EXPENSES, PAY SOURCES, AND AMOUNTS

EXPENSE	RECURRING EXPENSE?	PAYMENT SOURCE	EXEMPT If no, Col. E	AMOUNT E
<b>FOOD</b>				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	WIC		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Bank		
		Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SHELTER COSTS</b>				
Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nat. Gas/Propane/LP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water/Sewer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CLEANING/GROOMING</b>				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TRANSPORTATION</b>				
Bus fare	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Share rides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Uber/Taxi	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Automobile Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Automobile insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Automobile maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ENTERTAINMENT</b>				
Cable/Satellite	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Movies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sporting Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CLOTHING EXPENSES</b>				
Shoes, coats, apparel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Donations		
Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind Donations		
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>COMMUNICATIONS</b>				
Phone(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pager/Beeper	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In-kind donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MEDICAL EXPENSES</b>				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<b>MISCELLANEOUS EXPENSES</b>				
Non-reimbursable Education	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-reimbursable Childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-reimbursable job expense	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Part II**

(A) BENEFIT SOURCE	(B) ELIGIBLE <small>If yes, Col. C</small>	(C) APPLIED <small>If yes, Col. D</small>	(D) STATUS
SOCIAL SECURITY	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UNEMPLOYMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HEALTH AND WELFARE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VETERANS ADMINISTRATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach receipts, applications and other documentation to the completed checklist and retain in application or tenant file.

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date