



**HARRISONBURG
REDEVELOPMENT AND
HOUSING AUTHORITY**

P.O. BOX 1071 + HARRISONBURG, VA 22803
Phone/VTDD 540-434-7386 + Fax 540-432-1113

ZERO INCOME CERTIFICATION

**HEAD OF HOUSEHOLD COMPLETES CERTIFICATION
EACH ADULT MUST SIGN AFFIDAVIT**

You indicated that your household has zero, very low, or sporadic income. It is HRHA's policy to ensure you can afford to pay your rent and maintain your unit, and to confirm that you are fully disclosing all income as required so that the correct amount of assistance is provided. In order to receive assistance, you must supply the following information **every 90 days** so HRHA can ensure that no income is overlooked. All responses are subject to verification. Incomplete forms will not be processed - assistance may be denied or terminated if necessary.

GENERAL INFORMATION

Head of Household Name		SSN
Address		City, State ZIP
Home Phone	Cell Phone	Work Phone
Email Address		May we contact you at work? <input type="checkbox"/> NO <input type="checkbox"/> YES

INCOME, ASSETS, AND DEBT

Have you been employed in the last 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, please provide the following employer information:</i>	Income Earned in the last 12 months: \$
Employer Name	Employer Phone
Address	City, State ZIP
Do you expect to be employed in the next 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, please provide the following employer information:</i>	Income Expected in the next 12 months: \$
Employer Name	Employer Phone
Address	City, State ZIP
Does any person provide you with money, on a regular basis, to pay for rent, meals, child care, utilities, automobiles or any other regular expense? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, type, frequency and amount of help:
Do you ever perform odd jobs such as construction, field work, babysitting, seamstress work, meal preparation, etc.? <input type="checkbox"/> NO <input type="checkbox"/> YES	Income Expected in the next 12 months: \$
Do you have money deposited in any bank? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, Bank Name
Do you have any outstanding loans? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, how do you pay the monthly balance?
Do you have any credit cards? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, how do you pay the monthly balance?
Do you have any outstanding medical expenses? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, how do you pay the monthly balance?
Do you have any recurring monthly or quarterly medical expenses such as prescriptions, routine medical care, etc.? <input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, how do you pay the monthly balance?

TAXES

Did you file a Federal Income Tax Report last year? NO YES *If yes, please provide a copy.*
 Were you claimed on anyone else's Federal Income Tax Report last year? NO YES *If yes, please provide a copy.*



ZERO INCOME CERTIFICATION – PAGE 2

RENT AND UTILITIES

Because all required utilities must be maintained, it is important we verify your capacity to pay these bills.

Does your household have:	Electricity <input type="checkbox"/> NO <input type="checkbox"/> YES	Gas <input type="checkbox"/> NO <input type="checkbox"/> YES	Oil/Other <input type="checkbox"/> NO <input type="checkbox"/> YES	Water <input type="checkbox"/> NO <input type="checkbox"/> YES	Sewer <input type="checkbox"/> NO <input type="checkbox"/> YES	Trash <input type="checkbox"/> NO <input type="checkbox"/> YES
How much was last month's bill?	\$	\$	\$	\$	\$	\$
Other than URP, do you have outside help to pay this cost? If so, who and how much?						

(HCV Specialist: review family UA schedule – Unit Size _____ Schedule Type: _____ URP \$: _____)

Does your household have:	Home Phone <input type="checkbox"/> NO <input type="checkbox"/> YES	Internet <input type="checkbox"/> NO <input type="checkbox"/> YES	Cable/Satellite <input type="checkbox"/> NO <input type="checkbox"/> YES	Cell Phone(s) <input type="checkbox"/> NO <input type="checkbox"/> YES	Pager/Beeper <input type="checkbox"/> NO <input type="checkbox"/> YES
How many units/lines?		-----	-----		
How much was last month's bill?	\$	\$	\$	\$	\$
Other than URP, do you have outside help to pay this cost? If so, who and how much?					

HOUSEHOLD EXPENSES

IRS cost-of living standard are shown to assist you.

Expense	Average monthly cost (last 12 months)	Do you have outside help to pay this cost or directly provide these items/services on a regular basis?			IRS Allowable Monthly Living Expense Standards (April 2017)			
		NO	YES	IF YES, WHO & HOW MUCH?	1 person	2 person	3 person	4 person
Food/Groceries (includes baby food and formula)	\$				\$345	\$612	\$737	\$845
Housekeeping Supplies - Paper Products (paper napkins, toilet paper, paper towels, trash bags, disposable diapers, etc.)	\$				\$32	\$65	\$66	\$65
Housekeeping Supplies - Cleaning Products (bleach, dishwashing liquid, laundry detergent, etc.)	\$							
Apparel & Services	\$				\$83	\$138	\$193	\$293
Personal Care Products & Services: (soap, deodorant, shampoo, toothpaste, toothbrushes, barber shop visits, etc.)	\$				\$36	\$63	\$73	\$77
Miscellaneous (all other living expenses that do not fall within the above categories)	\$				\$143	\$254	\$309	\$370
Total	\$	For each additional person, add \$325 to 4-person total allowance:			\$639	\$1,132	\$1,378	\$1,650

Do you receive food stamps? NO YES *If YES, please provide a copy. Monthly Amount: _____.*
 Do you have a washer and dryer? NO YES *If NO, how do you pay for laundromat expenses? (answer below)*
 Do you have a pet or assistance animal? NO YES *If YES, how do you pay for food, supplies, & veterinary costs?*



ZERO INCOME CERTIFICATION – PAGE 3

TRANSPORTATION

Does anyone in your household have a car? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, please provide the following information:</i>			
<input type="checkbox"/> Owned, paid in full <input type="checkbox"/> Owned, making payments <input type="checkbox"/> Leased			Monthly Payment (if applicable): \$
Does anyone outside the household contribute to car payments on your behalf? If yes, name & amount: <input type="checkbox"/> NO <input type="checkbox"/> YES			Total # of Cars in Household:
Monthly Gas Cost \$	Monthly Insurance Cost \$	Annual Registration Cost \$	Maintenance (average monthly): \$
How do you pay for gas? If you have any outside help, list the source and amount:	How do you pay for insurance? If you have any outside help, list the source and amount:	How do you pay for registration? If you have any outside help, list the source and amount:	How do you pay for maintenance? If you have any outside help, list the source and amount:
If you do not have regular use of a car, how do you get from place to place?			Monthly Transportation Cost: \$

12 MONTH INCOME REPORT FOR HOUSEHOLDS CLAIMING ZERO OR VERY LOW INCOME

Please provide income information for the past 12 months starting with the current month and working backward.

Month	Source of Income (Employer, TANF, SSI, Family, etc.)	Amount of Income (Gross Amount)	If Stopped, Why?

CERTIFICATION

BY MY SIGNATURE, I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I FURNISH FALSE OR INCOMPLETE INFORMATION I CAN BE FINED UP TO \$10,000 OR IMPRISONED UP TO FIVE YEARS, AND LOSE MY VOUCHER. ANY ASSISTANCE PAID IN ERROR MUST BE RETURNED.



Head of Household Signature

Date



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ZERO INCOME AFFIDAVIT

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Through the Department of Housing and Urban Development (HUD), HRHA has access to the Enterprise Income Verification System (EIV) database. EIV contains information about Section 8 assistance recipients, including income and records from the Social Security Administration and the Department of Health and Human Service National Database of New Hires, including details about current and past employment and unemployment insurance information. Adults' signatures on the HUD-9886 authorize HRHA to review this information, which is compared to the income and household information that your family reports. We will contact you if any discrepancies are discovered. If it is determined that any member of the household fails to disclose income as required, it is considered a violation of family obligations. You will be required to return any assistance paid in error and additional penalties may apply including loss of assistance, fines, and/or imprisonment if guilty of fraud.

CERTIFICATION

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.),
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. ANY bills paid on my behalf, by ANYONE residing outside of my household
 - k. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 3 months.
3. I will report any income changes within 10 business days to HRHA, in writing, on the Change Form.
4. I have reviewed the Zero Income Certification completed by the head of household and confirm that it is true, accurate and complete to the best of my knowledge.

BY MY SIGNATURE, I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I FURNISH FALSE OR INCOMPLETE INFORMATION I CAN BE FINED UP TO \$10,000 OR IMPRISONED UP TO FIVE YEARS, AND LOSE MY VOUCHER. ANY ASSISTANCE PAID IN ERROR MUST BE RETURNED.

Household Member Signature	Household Member Name (Printed)	Date

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 of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).