



THE LONGMONT HOUSING AUTHORITY

Longmont Housing Authority Applicant/Tenant Monthly Zero Income Form and Statement

Date: _____

Applicants/Tenants reporting zero income and/or receiving a utility check must complete this form and submit it to LHA no later than the 5th business day of each month. Any household who fails to submit the Zero Income Form by the 5th business day of the month will not receive the URP check and is in jeopardy of losing their housing assistance.

WARNING: TITLE 18, SECTION 101 OF THE UNITED STATES 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.

Household Members 18yrs of age and older:	Monthly Income Amount:	Source of Income:
Head of Household: _____	\$ _____	_____
Other Adult: _____	\$ _____	_____
Other Adult: _____	\$ _____	_____

1. Food Expenses:

What do you normally spend each month on food for your household? \$ _____

How are these expenses paid?

\$ _____ Temporary Jobs/ Day Labor	\$ _____ Food Stamps	\$ _____ WIC
\$ _____ Family/Friends	\$ _____ Church/Agency	\$ _____ Other (please specify)

2. Shelter Expenses

Rent	\$ _____	Gas Utilities	\$ _____
Security Deposit	\$ _____	Furniture Rental	\$ _____
Electric/Water Utilities	\$ _____		

How are these expenses paid?

\$ _____ Temporary Jobs/Day Labor	\$ _____ Family/Friends
\$ _____ Church/Agency	\$ _____ Other (please specify)

3. Transportation Expenses

Car Payment	\$ _____	Gasoline	\$ _____
Insurance	\$ _____	Public or Private Transportation	\$ _____

How are these expenses paid?

\$ _____ Temporary Jobs/Day Labor	\$ _____ Family/Friends
\$ _____ Church/Agency	\$ _____ Other (please specify)

4. Clothing Expenses

What do you normally spend each month on clothing? \$ _____

How are these expenses paid?

\$ _____ Temporary Jobs/Day Labor	\$ _____ Family/Friends
\$ _____ Church/Agency	\$ _____ Other (please specify)

5. Personal, Cleaning and Paper Products Expenses:

What do you normally spend each month on personal, cleaning and paper products? \$_____

How are these expenses paid?

\$_____ Temporary Jobs/ Day Labor \$_____ Food Stamps \$_____ WIC
\$_____ Family/Friends \$_____ Church/Agency \$_____ Other (please specify)

6. Communication Expenses

Telephone bill \$_____ Postage \$_____
Cell phone bill \$_____ other _____ \$_____

How are these expenses paid?

\$_____ Temporary Jobs/Day Labor \$_____ Family/Friends
\$_____ Church/Agency \$_____ Other (please specify)

7. Medical Expense

What do you normally spend each month on Medical expenses?
(Include prescription and over the counter medications, doctor visits, outstanding medical bills) \$_____

How are these expenses paid?

\$_____ Temporary Jobs/Day Labor \$_____ Family/Friends
\$_____ Church/Agency \$_____ Other (please specify)

8. Entertainment

Movie Theater \$_____ Sporting/Entertainment Events \$_____
Movie Rentals \$_____ Entertainment Equipment (Stereo, DVD, TV etc...) \$_____

How are these expenses paid?

\$_____ Temporary Jobs/Day Labor \$_____ Family/Friends
\$_____ Church/Agency \$_____ Other (please specify)

9. Smoking Expenses

What do you normally spend each month on tobacco products? \$_____

How are these expenses paid?

\$_____ Temporary Jobs/Day Labor \$_____ Family/Friends
\$_____ Church/Agency \$_____ Other (please specify)

10. Miscellaneous Expense

What do you normally spend each month on miscellaneous expenses?
(May include expenses related to pets, holidays, emergencies etc.) \$_____

How are these expenses paid?

\$_____ Temporary Jobs/Day Labor \$_____ Family/Friends
\$_____ Church/Agency \$_____ Other (please specify)

Zero Income Statement

I, _____, currently have zero income. I have applied for employment at the following companies:

_____ Company Name	_____ Phone	_____ Date
_____ Company Name	_____ Phone	_____ Date
_____ Company Name	_____ Phone	_____ Date
_____ Company Name	_____ Phone	_____ Date
_____ Company Name	_____ Phone	_____ Date

I have applied for the following programs: (Please check all that apply and the date that you applied)

_____ TANF	_____ Date
_____ OAP	_____ Date
_____ AND	_____ Date
_____ SSI	_____ Date
_____ Child Support	_____ Date
_____ Unemployment	_____ Date
_____ Other (Specify) _____	_____ Date

_____ *Please check if you would like to be contacted with more information about community resources and programs for which you may be eligible.*

I have completed all the required information on the Zero Income Form and supplied documentation to the best of my ability. The information I have provided is honest and accurate to the best of my knowledge. I understand that an incomplete form or knowingly providing false information may result in denial or termination of assistance.

_____ Applicant/Head of Household Signature	_____ Date
_____ Signature of zero income individual (if different)	_____ Date