

**TOWN OF HUNTINGTON HOUSING AUTHORITY**  
1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Zero Income Checklist and Worksheet:**  
**Verification of Non-case Contributions**

Please review and return with supporting documents.

This Checklist and Worksheet is to be completed for all families whose Total Tenant Payment equals the minimum rent, for PHA's without minimum rents, or for all families reporting less than \$100 per month in total income. The form should be completed prior to admission at each recertification (which may be monthly, quarterly or annually depending on the PHA's policy on the re-examination of tenants with minimum rents was zero income). The form first lists all the cash and non-cash contributions. This form should be completed after the home visit to an applicant or a home inspection the resident. The family is required to submit documentation amounts claimed.

Applicants/Tenants reporting zero HOUSEHOLD income must complete this form and return this form to their Housing Specialist. Failure to do so may result in the termination or denial of your housing assistance.

NOTE: All income (excluding SNAP, WIC) listed on this form will be considered a self-declaration of income and will be counted as monthly income on the annual and interim re-examination. As a result of this kind of income, the tenant is no longer considered a zero-income household.

**1. Monthly Food Expenses:**

What is this month's anticipated household food cost? \$\_\_\_\_\_.

How much of each selection below is used to pay for this expense?

SNAP Benefits	\$
WIC	\$
Family	\$
Friends	\$
Other (Describe Below)	\$

Other Description: \_\_\_\_\_



**2. Monthly Cleaning, Grooming (Nails, Hair, Personal Grooming, etc.) and Paper Products**

**Expenses:**

What is this month's anticipated household cost for these items? \$ \_\_\_\_\_.

How much of each selection below is used to pay for this expense?

Family	\$
Friends	\$
Church	\$
Other (Describe Below)	\$

**3. Transportation Expenses this month:**

What is this month's anticipated household cost for these items? \$ \_\_\_\_\_.

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

How much of each selection below is used to pay for this expense?

Family	\$
Friends	\$
Church	\$
Other (Describe Below)	\$

**4. Entertainment Expenses this month:**

What is this month's anticipated household cost for these items? \$ \_\_\_\_\_.

Movie Theater	\$
Movie Rentals	\$
Sporting/Entertainment Events	\$
Furniture Rental	\$
Entertainment Equipment	\$

How much of each selection below is used to pay for this expense?

Family	\$
Friends	\$
Church	\$
Other (Describe Below)	\$



**5. Clothing Expenses:**

What is this month's anticipated clothing costs? \$\_\_\_\_\_.

How much of each selection below is used to pay for this expense?

Family	\$
Friends	\$
Church	\$
Other (Describe Below)	\$

**6. Smoking Expenses:**

What is this month's anticipated clothing costs? \$\_\_\_\_\_.

How much of each selection below is used to pay for this expense:

Family	\$
Friends	\$
Other (Describe Below)	\$

**7. Communication Expenses this month:**

What is this month's anticipated household cost for these items? \$\_\_\_\_\_.

Telephone Bill	\$
Cellphone Bill	\$
Other	\$

How much of each selection below is used to pay for this expense?

Family	\$
Friends	\$
Church	\$
Other (Describe Below)	\$

**8. Shelter Expenses this month:**

What is this month's anticipated household cost for these items? \$\_\_\_\_\_.

Rent	\$
Utilities	\$

How much of each selection below is used to pay for this expense?

Family	\$
Friends	\$
Church	\$
Other (Describe Below)	\$



**9. Medical Expenses:**

What are this month's anticipated medical costs? \$\_\_\_\_\_.

How much of each selection below is used to pay for this expense?

Family	\$
Friends	\$
Church	\$
Other (Describe Below)	\$

**10. Miscellaneous Expenses:**

What are this month's anticipated miscellaneous costs? \$\_\_\_\_\_.

How much of each selection below is used to pay for this expense?

Family	\$
Friends	\$
Church	\$
Other (Describe Below)	\$

I understand that if there are any changes to the information I have provided above, I must report them to the HA in writing within 10 days.

**WARNING: TITILE 18, SECTION 1001 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 AND SHALL BE FINED UNDER THIS TITILE OR IMPRISONED FOR UP TO 5 YEARS.**

\_\_\_\_\_  
Applicant/Head of Household Signature

\_\_\_\_\_  
Date

