

FAIRFIELD HOUSING AUTHORITY

Zero Income Statement

The Fairfield Housing Administrative Plan states: "family members 18 years and older who report zero income are required to complete a written certification every 30 calendar days". The family member(s) must provide written proof of:

- How are you paying for basic needs such as food, utilities, transportation, etc.?
- Provide copies of current utility bills (e.g. phone, PG&E, water bill, cable...)
- Complete and sign a Zero Income Certification Form
- Complete and sign an Income and Expense Statement

If the income status has changed, the head of household **MUST** report any changes in the source of income within fourteen (14) days of occurrence.

It is the policy of the Fairfield Housing Authority to provide reasonable accommodations to persons with disabilities, so that they may fully access and utilize the housing program and related services. Requests for reasonable accommodations must be made in writing. The Housing Authority must be allowed reasonable time to evaluate all requests.



FAIRFIELD HOUSING AUTHORITY
Certification of Zero Income

Instructions: Every month an adult household member is without income, that member and the Head of Household are required to complete and sign both sides of this document.

I, _____, do hereby declare that I currently have zero income.
(Print Name)

I am making the following efforts to obtain income: _____

_____.

I have been made aware that funds for housing assistance are being administratively reduced by Housing and Urban Development (HUD). This reduction in money can impact the number of families being subsidized by the Fairfield Housing Authority, and families currently receiving housing assistance could be eliminated from the program.

It has been explained to me that I am required to complete this certification of income form every thirty (30) days until I have obtained income, and reported it to the Fairfield Housing Authority.

Failure to comply with this requirement, constitutes a violation of the Fairfield Housing Authority's Administrative Plan, and could cause my household to be terminated from the Section 8 Housing Choice Voucher Program.

My signature below certifies that I am aware of the above requirement, and any possible consequences for failing to comply with this requirement.

Signature of Person Completing Form

Date

Signature of Head of Household

Housing Caseworker



FAIRFIELD HOUSING AUTHORITY

Zero Income ~ Monthly Statement of Income & Expenses

To be in compliance with the Section 8 Housing Choice Voucher Rental Assistance Program, you are required to report all income, regular contributions, and gifts for calculation of your Housing Assistance Payment. Please supply the following requested information:

Head of Household Name: _____

Caseworker _____

INCOME

Source: _____ Amount: \$ _____

Employer or Benefits (i.e. SSA, SSI, TANF, Pension, Annuity etc.) and address

_____ Amount: \$ _____

Employer or Benefits (i.e. SSA, SSI, TANF, Pension, Annuity etc.) and address

I receive cash contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from person(s) not living with me.

Source Name: _____ Amount: \$ _____

Address: _____ Telephone: _____

Source Name: _____ Amount: \$ _____

Address: _____ Telephone: _____

Please provide the following requested information regarding your household's monthly expenses. If something does not apply, please put N/A for not applicable.

EXPENSES	AMOUNT	EXPENSES	AMOUNT
Rent	\$ _____	Car Payment	\$ _____
Food	\$ _____	Car Insurance	\$ _____
Clothing	\$ _____	Travel Expense	\$ _____
PG & E/Utilities	\$ _____	Phone/cell phone	\$ _____
Water	\$ _____	Cigarettes	\$ _____
Garbage	\$ _____	Cable TV	\$ _____
Grooming Products	\$ _____	Paper Products	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

I hereby certify to the best of my knowledge that all statements provided above are true. I also understand that providing false or misleading information may result in denial or termination of rental assistance benefits.

Signature of Person Completing Form Social Security Number Date

Signature of Head of Household Phone Number

