The Housing Authority of the City of Bessemer

ZERO INCOME CHECKLIST AND WORKSHEET

Name: _____ **Social Security #:** _____

Food Expenses:

Is the family receiving food stamps? ☐ Yes ☐ No

If yes, what is the monthly value of food stamps? $_____

If not, what is the family's weekly grocery bill? $_____

How does the family pay the weekly grocery bill?_____

_____

If someone other than a member of the applicant/tenant family contributes to groceries, who contributes?

_____

What is the average cash weekly amount for groceries contributed from all sources? $_____
This amount is income.

Does anyone contribute groceries or prepared food to the family on a regular basis? ☐ Yes ☐ No

If yes, what is the average weekly value of groceries or prepared food contributed? $_____
This amount is income.

Note: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at public or not-for-profit funded meal programs do not count as income. Food or cash for food contributed by private persons does count as income.

Verification: The family should bring in at least one month's worth of grocery receipts. Check the receipts to make sure a family of that size could manage on the amount of food documented.

Cleaning, Grooming and Paper Product Expenses:

What is the weekly value of paper products used by the family? Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers. $_____

How does the family pay for these paper products?_____

If someone other than a member of the applicant/tenant family contributes to paper products, who contributes?_____

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1515 Fairfax Avenue Bessemer, Alabama 35020
Telephone (205) 481-4420

What is the average weekly value of cash contributions for paper products? $_____
This amount is income.

Does anyone contribute paper products to the family on a regular basis? ☐ Yes ☐ No

If yes, what is the average weekly value of cash contributions for paper products? $_____
This amount is income.

What is the weekly value of grooming products and services used by the family?

Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, etc. $_____

How does the family pay for grooming products and services? $_____

If someone other than a member of the applicant family contributes to grooming products, who contributes?_____

What is the average weekly value of contributions (cash or products) for grooming products?
$_____ **This amount is income**.

What is the weekly value of cleaning products used by the family? Include dishwashing soap, laundry detergent and household cleaning products. $_____

How does the family pay for cleaning products?_____

If someone other than a member of the applicant/tenant family contributes to cleaning products, who contributes?_____

What is the average weekly value of cash contributions for cleaning products? $_____
This amount is income.

Does anyone contribute cleaning products to the family on a regular basis? ☐ Yes ☐ No

If yes, what is the average weekly value of cleaning products contributed to the family? $_____
This amount is income.

Verification: Most families buy cleaning supplies, grooming products, and paper products at the grocery store. Review the family's grocery receipts to help verify amount spent.

Transportation Expenses:

Does the family own a car? ☐ Yes ☐ No

If yes, are there still payments due on the car? ☐ Yes ☐ No

If yes, what is the amount of the monthly car payment? $_____

How does the family make the car payment?_____

If someone other than a member of the applicant/tenant household contributes to the car payment, who contributes?_____

What is the monthly amount of contribution toward the car payment? $_____

This amount is income. The amount is income whether it is cash paid to the family or cash paid directly to the holder of the car note.

If the family owns a car outright (no payments are due), what are the average monthly amounts the family pays for the following?

Gas $_____ Maintenance $_____ Insurance $_____ Tires $_____

How does the family pay for these auto-related expenses?_____

If someone other than a member of the applicant/tenant family contributes to the car's operating costs, who contributes?_____

What is the average monthly amount of cash or direct payment contribution to the car's operating costs? $_____ **This amount is income**.

Verification: The family should bring in one month's gas receipts, proof of insurance and proof of car payment (if applicable).

Note: Uninsured automobiles cannot be parked on housing authority property.

If the family does not own a car, what does the family use for transportation?_____

How does the family pay for this transportation?_____

If someone other than a member of the applicant/tenant family contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? $_____ **This amount is income**.

Verification: A family without a car should provide a credible statement of the way the family pays for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.

Entertainment Expenses:

Does the family have a cable TV connection? ☐ Yes ☐ No

Does the family have the basic minimum service? ☐ Yes ☐ No

Does the family also have any premium channels? ☐ Yes ☐ No

What is the average monthly cost of cable TV service? $_____

How does the family pay for the cable TV service?_____

If someone other than a member of the applicant/tenant family contributes to the cost of TV service, who contributes?_____

What is the average monthly contribution (in cash or direct payment to the cable company) for cable TV? $_____ **This amount is income**.

What are the average weekly costs of other types of entertainment to the family? Include the following:

Magazines	$	Liquor/Beer/Wine	$
Movies	$	Lottery Tickets	$
Video Rentals	$	Vacations	$
Club Memberships	$	Other Entertainment	$
Sporting Events	$		

How does the family pay for the other entertainment costs?_____

If someone other than a member of the applicant/tenant family contributes to the cost of other entertainment, who contributes?_____

What is the average monthly contribution (in cash or entertainment provided) for other entertainment?
$_____ **This amount is income**.

Clothing Expenses:

What are the ages and sexes of family members?_____

_____

What are the average monthly costs for clothing and shoes for the family? $_____

How does the family pay for clothing and shoes?_____

If someone other than a member of the applicant/tenant family contributes to the cost of clothing, who contributes?_____

What is the average monthly contribution (in cash or new clothes and shoes) for clothing?
$_____ **This amount is income**.

Note: **Clothing acquired from clothing banks or given to the family second hand is not counted as income.**

Verification: The family should provide a schedule that shows when clothing and shoes are purchased and the amounts spent. Remember that children will need more clothing and shoes than adults because they are growing.

Smoking Expenses:

Does anyone in the applicant/tenant household smoke cigarettes or cigars? ☐ Yes ☐ No

If yes, how many packs per day are smoked by the smokers in the household?_____

How does the family pay for the cost of cigarettes/cigars?_____

If someone other than a member of the applicant/tenant household contributes to the cost of smoking, who contributes?_____

What is the average monthly contribution (in cash, cigarettes, cigars)? $_____
This amount is income.

Verification: The family should document the brand of cigarettes/cigars smoked and the staff will document the least expensive price for that brand in the locality to impute cost.

Communication Expenses:

Telephone Service

Does the family have a telephone? ☐ Yes ☐ No

If yes, how many lines does the family have into its house/apartment?_____

Does the family have any special telephone services? (For example, call waiting, call forwarding, caller ID, etc.)? ☐ Yes ☐ No

Does anyone in the family have a cell phone? ☐ Yes ☐ No

What is the average monthly cost for telephone service? $_____

How does the family pay for the cost of telephone service?_____

If someone other than the member of the applicant/tenant household contributes to the cost of telephone service, who contributes?_____

What is the average monthly contribution (in cash or direct payment of the telephone bill) for telephone services? $_____ **This amount is income**.

Cell Phone Service

Does the family have a cell phone? ☐ Yes ☐ No

If yes, how many members have a cell phone?_____

What is the average monthly cost for the cell phone bill(s)? $_____

If someone other than the member of the applicant/tenant household contributes to the cost of cell phone service, who contributes?_____

What is the average monthly contribution (in cash or direct payment of the cell phone bill)?
$_____ **This amount is income**.

Internet Service

Does the family have an Internet connection? ☐ Yes ☐ No

If yes, who is the Internet provider?_____

What is the monthly cost of the Internet connection? $_____

Is there a dedicated telephone line for the Internet? ☐ Yes ☐ No

If yes, does the telephone line show on the family's telephone bill? ☐ Yes ☐ No

If no, provide a copy of the family's other telephone bill.

How does the family pay for the Internet connection?_____

What is the average monthly cost of the Internet connection? $_____

If someone other than a member of the applicant/tenant family contributes to the cost of the Internet connection, who contributes?_____

What is the average monthly contribution (in cash or direct payment to the Internet provider) for Internet services? $_____ **This amount is income**.

Verification: The family should bring in at least two month's worth of bills for telephone, pager/beeper and Internet services, as applicable. Review the bills carefully to determine the average monthly cost for communication services.

Shelter Expenses:

For applicants, what is the average monthly cost for housing and utilities? $_____

How does the applicant pay the cost of shelter?_____

If someone other than a member of the applicant household contributes to housing or utility costs, who contributes?_____

What is the average monthly contribution to shelter (housing plus utilities)? $_____

Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to public housing? ☐ Yes ☐ No

If no, why not?_____

_____

For tenants, what is the average monthly cost for housing and utilities? $_____

How does the tenant pay the cost of shelter?_____

If someone other than a member of the tenant household makes a contribution toward the shelter costs, who contributes?_____

What is the value of the contribution toward shelter? $_____ **This amount is income**.

Verification: Families should bring in documentation of their actual cost for housing and utilities.

Medical Expenses:

Does the family have any unreimbursed medical expenses? ☐ Yes ☐ No

If yes, what is the average monthly cost of unreimbursed medical expenses? $_____
How does the family pay for unreimbursed medical expenses?_____

If someone other than a member of the applicant/tenant household contributes toward medical expenses, who contributes?_____
Such contributions are not income.

Pet Expenses:

Does the family have pets? ☐ Yes ☐ No

How many and what type?_____

If yes, what is the average monthly cost of food? $_____

What is the average monthly payment for veterinary visits? $_____

What is the average monthly payment for immunizations? $_____

What is the average monthly fee/license? $_____

If someone other than a member of the applicant/tenant family contributes to the cost of caring for the pet, who contributes?_____

What is the value of the contribution toward pet expenses? $_____
This amount is income.

Miscellaneous Expenses:

Listed below are the series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses and the amounts contributed toward expenses:

Church Contributions: $_____

Unreimbursed Educational Expenses: $_____

Unreimbursed Childcare Expenses: $_____

Unreimbursed Job Expenses: $_____

Worksheet for Income from Contributions

What is the family's verified annual income?_____

Does the annual income include any contributions form persons outside the applicant/tenant household?
☐ Yes ☐ No

If no, it may be necessary to increase the annual income to reflect such contributions, which will also increase rent.

Does the family have any income that is excluded from annual income? ☐ Yes ☐ No

What is the annual amount of excluded income? $_____

On the matrix below, compute the family's annual expenses using the amounts from the worksheet above:

To compute annual expenses, multiply weekly average cost by 52 and monthly average costs by 12.

Type of Cost	Weekly Expenses	Monthly Expenses	Annual Expenses	Contributed Toward Expenses
1. Food				
2. Cleaning, Grooming & Paper Products				
3. Transportation				
4. Entertainment				
5. Clothing				
6. Smoking				
7. Communications				
8. Shelter (Housing and Utilities)				
9. Medical				
10. Pets				
11. Miscellaneous				
TOTALS:				

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I/ We **certify** that all information given to The Bessemer Housing Authority in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U. S. Department of Housing and Urban Development (HUD) on Form HUD-50058. See the Federal Privacy Act Statement for additional information concerning the authorized use of this information. I also understand that staff of The Bessemer Housing Authority will verify this information and I authorize The Bessemer Housing Authority to submit inquiries necessary for the purpose of verifying the facts herein stated.

_____ _____

Signature of Applicant/Tenant Date