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 Redmond, OR 97756
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Monthly Zero Income Reporting

Family Reporting Obligations:

All increases and decreases to household income and household size MUST be reported within 10 business days.

Head of Household Name (Please Print) _____

Current Phone Number _____

DUE THE 10TH OF EACH MONTH FOR THE PREVIOUS MONTH INCOME **Report Month/Year:** _____

Current Income

I, as head of household, or any member (adult or child) living in the assisted unit, received income (earned or unearned) from the following source(s). If you answer "YES" to any question, provide written verification of monies received.

- | | | | |
|---|-----------|----------|----------|
| 1. Wage (includes back pay), Commission and Overtime: | YES _____ | \$ _____ | NO _____ |
| 2. Welfare (TANF), Food Stamps (SNAP): | YES _____ | \$ _____ | NO _____ |
| 3. Social Security, SSI benefits: | YES _____ | \$ _____ | NO _____ |
| 4. Pensions/Annuities: | YES _____ | \$ _____ | NO _____ |
| 5. Interest or Dividend income: | YES _____ | \$ _____ | NO _____ |
| 6. V.A. Benefits: | YES _____ | \$ _____ | NO _____ |
| 7. Baby-sitting, Pet-sitting: | YES _____ | \$ _____ | NO _____ |
| 8. Education Scholarships/Grants: | YES _____ | \$ _____ | NO _____ |
| 9. Regular financial Gifts: | YES _____ | \$ _____ | NO _____ |
| 10. Fees for Services Rendered: | YES _____ | \$ _____ | NO _____ |
| 11. Tips: | YES _____ | \$ _____ | NO _____ |
| 12. Bonuses Paid Out: | YES _____ | \$ _____ | NO _____ |
| 13. Salary from Own/Family Business: | YES _____ | \$ _____ | NO _____ |
| 14. Insurance Policies (cashed or paid out): | YES _____ | \$ _____ | NO _____ |
| 15. Retirement Funds (i.e. Roth, IRA or CD): | YES _____ | \$ _____ | NO _____ |
| 16. Disability, Worker's Compensation: | YES _____ | \$ _____ | NO _____ |
| 17. Unemployment: | YES _____ | \$ _____ | NO _____ |
| 18. Death Benefits: | YES _____ | \$ _____ | NO _____ |
| 19. Severance Payments: | YES _____ | \$ _____ | NO _____ |
| 20. Alimony: | YES _____ | \$ _____ | NO _____ |
| 21. Child Support: | YES _____ | \$ _____ | NO _____ |
| 22. Recycling: | YES _____ | \$ _____ | NO _____ |
| 23. Winnings paid in periodic payments: | YES _____ | \$ _____ | NO _____ |

Household Expenses

Please list below the household expenses **you** pay each month. If no payment is made please put zero or N/A. Please do not leave any blank.

Rent: \$	Phone: \$	Child Care: \$
Electric: \$	Cable/Internet: \$	Medical: \$
Gas: \$	Car Maintenance: \$	Credit Card Payment: \$
Oil: \$	Car Payment: \$	Loan Payment: \$
Water/Sewer: \$	Car Ins: \$	Rentals: \$
Garbage: \$	Other Ins: \$	Pet Expenses: \$
Food: \$	Personal Items: \$	Other: \$

Assets

Do you have any of the following assets?		Name of Bank/s _____		
Checking	YES _____ \$ _____	NO _____	Account # _____	
Savings	YES _____ \$ _____	NO _____	Account # _____	
Certificate of Deposit	YES _____ \$ _____	NO _____	Account # _____	
Stock or Bonds	YES _____ \$ _____	NO _____	Account # _____	
Property	YES _____ \$ _____	NO _____	Attach Documentation	
Other (_____)	YES _____ \$ _____	NO _____	Attach Documentation	

Last Place of Employment

Employer name: _____	
Employer Address: _____	
Phone: _____	Employed From: _____ to _____
Are you or other members in the household looking for a job? (Circle one) YES NO	
If no, Explain why: _____	

Personal Statement

Has an organization/individual provided cash assistance or paid for rent, food, clothing, utilities (includes phone, cable, and internet), transportation, medical expenses or other costs on your behalf? Have you received a loan from a bank or credit card cash advance? If yes to either, please provide the amount of assistance, name of the individual, organization, bank and/or credit card along with contact information below.

Certification

I/we certify that the information given on this form is accurate and complete to the best of my knowledge. I understand that false statements or information are punishable under Federal Law and may also be punishable under State Law. I have no objection to inquiries for the purpose of verifying the facts herein stated. I understand that false statements or information are grounds for termination of Housing Assistance. I further understand that if I believe I have been discriminated against, I may call the Fair Housing and Equal Opportunity National Toll-free hotline at 1-800-424-8590.

I/we understand that if I/we claim zero income for housing assistance, I/we will receive this form and I/we must complete it every 30 days and will return it to Housing Works. I/we agree to report all changes in writing within 10 business days of the change to Housing Works.

Head of Household Signature _____ Date _____

Other Adult Signature _____ Date _____