



## Mobile Housing Board Housing Choice Voucher Program

### Zero Income Statement

The Mobile Housing Board Housing Choice Voucher Administrative Plan states: "family members 18 years and older who report zero income are required to complete a written certification every 3 months. 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 (ex. Phone, water, gas, power, cable)
- Complete and sign a Zero Income Certification Form

If the income status has changed, the head of household MUST report any changes in the source of income within 30 days of occurrence.

### Zero Income Certification Form: Please Print and Complete Entire Form, Front & Back

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

To be in compliance with the Housing Choice Voucher 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:

TO BE COMPLETED BY HEAD OF HOUSEHOLD WITH ZERO/ NO INCOME

#### Income

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Employer or benefits (ex. SSA, SSI, TANF, Pension, Annuity, etc. and address

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I receive cash contributions or gifts including rent, groceries, car payments or utility payments, etc. on an ongoing basis from \_\_\_\_\_.

Source Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Source Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please provide the following requested information regarding your 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 / Gas	\$
Electric/Gas Service	\$	Phone / Cell Phone	\$
Water	\$	Cigarettes	\$
Garbage Service	\$	Cable TV / Internet	\$
Grooming Products	\$	Paper Products	\$
Household Products	\$	Medical Expenses	\$
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 termination of my rental assistance benefits.

\_\_\_\_\_  
Signature of Head of Household                      Date                      Phone Number

\_\_\_\_\_  
Email Address

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