



Connecting people to homes, hope and opportunity. **Jennifer Westerman, CEO**

Zero Income Monitoring Quarterly Report

Head of Household: _____

Address: _____

IMPORTANT! This form has changed. Please review it carefully.

HUD's Federal Regulations 24-982.551, 982.516 & PHA Administrative Policy requires program participants who report zero (or fluctuating) income be monitored on a regular basis throughout the year. Participants that report regular income of less than \$100 per month and Families that report ONLY excluded sources of income such as Pell Grants, student loans or work study will be asked to submit a quarterly expense report.

Enclosed please find a ZERO INCOME OR VARIABLE INCOME VERIFICATION CHECKLIST

- List all resources you receive as "income". What you pay out is an expense. Please don't list what you owe; only what you are spending or paying during the quarter. Ideally, your expenses won't exceed your income.
- Please read the instructions carefully and remember to attach requested documents. If you need assistance completing this new form, please ask. We will be happy to help you.
- **You MUST fully complete and return pages 3 – 5.** Read the instructions. Failure to adequately complete and report will result in rejection of the packet.

Failure or refusal to provide this expense report as requested will jeopardize your continued assistance.

Thank you for your cooperation. If you have any questions, I can be reached at (360) 423-0140 or toll free (866) 570-8840 extension 14 or you can email me at Jonathan.Aguirre@hoswwa.org.

Sincerely,

Jonathan Aguirre

Jonathan Aguirre
Housing Support Technician





Housing Opportunities of SW WA

Zero/Variable Income Monitoring Report

Head of Household: _____

Section A: This report pertains to each member of your household. Please describe how your household is meeting your basic monthly needs by filling in ALL blanks on this form. DO NOT leave any blanks! If it does not apply write N/A in the space. Please answer questions honestly. If you fail to properly complete this form, it will be rejected.

Did you or anyone in your household:	YES or NO	What month did you receive assistance for?
receive cash for labor or services	_____	_____
own or operate a business	_____	_____
work full-time, part-time, or seasonally	_____	_____
If yes, currently employed?	_____	_____

Name of employer: _____

Did you or anyone in your household receive:

Unemployment Benefits	_____	_____
Social Security Benefits (SSB/SSD/SSI)	_____	_____
TANF or General Assistance (GA)	_____	_____
Child support or alimony	_____	_____
SNAP/Food Assistance	_____	_____
Other	_____	_____

Did you or anyone in your household receive:

Military pay or Veteran's Benefits	_____	_____
Worker's Compensation or other disability pay	_____	_____
Financial aid for college or trade school	_____	_____
income from recycling, scrap metal, etc.	_____	_____

Have you received a lump-sum payment such as SS back pay, settlement, inheritance, or any

other form of one-time payment? _____

Total Income Received for this quarter: \$ _____

If you answered YES to any of these questions, should have provided documentation within 10 days of the date you began receiving the income. You must continue to report all changes in writing within 10 days of the change. do not wait until the next quarter to report changes.

Continue to next page



Section B:

HOUSEHOLD EXPENSES		
<p>Please list in table below the household expenses <u>you paid</u> during the months of. If no payment was made, write "None" or put a zero. <i>Please do not leave any item blank</i></p>		
Rent: \$	Telephone: \$	Child Care: \$
Electric: \$	Cable TV: \$	Medical: \$
Gas: \$	Car Fuel/Maint: \$	Credit Card Payment: \$
Oil: \$	Car Payment: \$	Loan Payment: \$
Water/Sewer: \$	Car Insurance: \$	Other: \$
Garbage collection: \$	Other Insurance: \$	Other: \$
Food: \$	Personal Items: \$	Other: \$
<u>THIS SECTION IS REQUIRED</u>		
<p>Please explain how you are providing for your needs at this current time, for example, someone outside of your household is providing for you, you receive SNAP and utility assistance, you receive donations from a church or service agency, etc.: do not leave this section blank</p>		
<p>IMPORTANT: If any person reporting Zero Income begins to receive ANY new income, the new income must be reported by turning in a completed <i>Change of Circumstances</i> form to HOSWWA within 10 days of the change in income. <u>Do not wait until the next quarter to report changes.</u></p>		
PLEASE READ AND SIGN THIS CERTIFICATION		
<p><i>I/We do hereby swear and attest that all information reported on this form is true and complete. I/We understand that HOSWWA is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance and may be punishable under Federal law.</i></p>		
<p>WARNING: Title 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.</p>		
<p>X</p> <hr/> <p>Signature of Head of Household Date</p>		
<p>X</p> <hr/> <p>Signature of Other Adult Date</p>		

Continue to next page



Section C: Did someone else contribute to your household?

If yes, please have that person complete the following section with their signature.

DO NOT COMPLETE THIS SECTION YOURSELF

I certify by my signature below that I give or pay, name of participant: _____

Cash per month: _____ or \$ _____ of assistance (other types of help that have a cash value include but are not limited to: (paying a utility bill, paying the phone bill, buying groceries, medications, hygiene products, etc.)

The **total** cash value: _____

This section is to be signed by the person who provided the assistance to your household.

DO NOT COMPLETE THIS SECTION YOURSELF

I certify under penalty of perjury that the information I have provided is true. I understand that I can be fined up to \$10,000 or be imprisoned up to five years if I furnish false or incomplete information to the Housing Authority.

Print Name of person who assisted

Signature

Phone Number

Date

WARNING: Title 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.

