**QUESTIONNAIRE FOR APPLICANTS/RESIDENTS WHO CLAIM ZERO INCOME AND/OR SPORADIC INCOME**

|  |  |
| --- | --- |
| **Head-of-Household Name** |  |
| **Current Address** |  |
| **City, State, Zip** |  |
| **Home Phone** |  |
| **Cell Phone** |  |
| **Email address** |  |

During your eligibility/certification interview, you indicated that your household has no income or very sporadic income. It is the Regional Housing Authority’s policy to ensure that you can pay your rent in accordance with the lease, that you can maintain the unit in accordance with the lease and that you are fully disclosing all income as required so that you are provided the correct housing assistance amount. In order to receive assistance, you are required to supply the following information every 90 days so that we can ensure that no income is overlooked. All responses are subject to verification. ***Incomplete forms will not be processed which means that assistance and/or tenancy may be denied or terminated as appropriate.***

***NOTE: THE FAMILY SHOULD BRING IN AT LEAST ONE MONTH’S WORTH OF RECEIPTS.***

|  |  |
| --- | --- |
| Have you been employed in the last 12 months? | [ ]  Yes [ ]  NoIf yes, Please provide the following employer informationName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Income earned in the last 12 months:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you expect to be employed at all in the next 12 months? | [ ]  Yes [ ]  NoIf yes, Please provide the following employer informationName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Income expected to be earned in the next 12 months: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How do you plan to pay rent for the next 12 months? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you ever perform odd jobs such as construction jobs, field work, babysitting, seamstress work, preparation of meals, etc.? | [ ]  Yes [ ]  NoIncome expected to be earned in the next 12 months: $\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have money deposited in any bank? | [ ]  Yes [ ]  No |
| Do you have any outstanding medical expenses? | [ ]  Yes [ ]  NoIf so, how do you pay the monthly balance? \_\_\_\_\_\_\_\_\_\_\_ |
| Do you have recurring monthly or quarterly medical expenses such as prescriptions, routine medical care, etc.? | [ ]  Yes [ ]  NoIf so, how do you pay the monthly balance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does any person provide you with money, on a regular basis, to pay for rent, meals, child care, utilities, automobiles or any other regular expense? | [ ]  Yes [ ]  NoIf so, what kind of help? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total financial assistance to be provided in next 12 months: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| It is required that you maintain all required utilities when occupying the unit. In the past months when you say you have had minimal, or no money, how did you, or do you, pay for the following: (Please note that the owner/agent may ask for verification of these expenses while you live in the unit) | Rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Electricity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your electricity bill last month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gas? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your gas bill last month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone/Cell Phone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your telephone/Cell phone bill last month? $\_\_\_\_\_\_\_\_\_\_\_\_Cable?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your cable bill last month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you have a car, the registration and insurance must be maintained. Do you have a car? | [ ]  Yes [ ]  NoWhat is the monthly care payment? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How do you pay the car payment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much was your automobile registration last year?$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How will you pay for annual registration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much is your annual automobile insurance?$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How will you pay for automobile insurance?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How do you pay for gas and maintenance?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you do not own/lease a car, how do you get from place to place? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

EXPENSES:

|  |  |  |  |
| --- | --- | --- | --- |
| EXPENSE | RECURRING EXPENSE | PAYMENT SOURCE | AMOUNT |
| FOOD (MONTHLY) | [ ]  YES [ ]  NO |  | $ |
| CLEANING, GROOMING, AND PAPER PRODUCTS (MONTHLY) | [ ]  YES [ ]  NO |  | $ |
| ENTERTAINMENT (MONTHLY) | [ ]  YES [ ]  NO |  | $ |
| CLOTHING (MONTHLY) | [ ]  YES [ ]  NO |  | $ |
| LAUNDRY/WASHING /DRYING (MONTHLY) | [ ]  YES [ ]  NO |  | $ |
| SMOKING (MONTHLY) | [ ]  YES [ ]  NO |  | $ |
| PET (MONTHLY) | [ ]  YES [ ]  NO |  | $ |
| MISCELLANEOUS (MONTHLY) | [ ]  YES [ ]  NO |  | $ |

[ ]       **Please check this box if you are a person with a disability and need help reading or filling out this form.  You have the right to ask the Housing Authority to make a reasonable accommodation of any sort to make RHA programs accessible for you.  To make such a request, please contact the Housing Authority at (530) 671-0220 or TTY (866) 735-2929 or 711.  This document is available in alternative formats.  Pattra Runge Section 504 Accessibility Coordinator-(530) 671-0220 x 125.**

 **Certification:** I do hereby swear and attest that all of the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Housing Authority IN WRITING within 10 days. WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. **ALL ADULTS MUST SIGN THIS FORM**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Head of Household Date Other Adult Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Other Adult Signature Date Other Adult Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Other Adult Signature Date Other Adult Signature Date