



ZERO INCOME CHECKLIST

Directions: This Checklist is to be accompanied by the Worksheet. Both are to be completed for all families who have reported zero income and remained at zero income for a minimum of six months. The checklist ascertains the expenses the family has while the Worksheets determine how the family pay its expenses and lists all the cash and non-cash contributions the family is receiving. OHCD staff is to compute the annual value of such contributions. The family is required to submit documentation of amounts claimed.

Client Name: _____

YES	NO	
		FOOD EXPENSES:
		Do you receive food stamps?
		Do you buy groceries other than what you can get with the Food Stamps?
		Do you buy groceries? (for those who do not receive food stamps)
		CLEANING, GROOMING AND PAPER PRODUCT EXPENSES:
		Do you buy paper products? (i.e. paper napkins, toilet paper, paper towels, trash bags, disposable diapers and other paper goods)
		Do you buy grooming products? (i.e. soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, etc.)
		Do you buy cleaning products? (i.e. dishwashing soap, laundry detergent and household cleaning products)
		Do you or someone in your household have your nails done? (acrylic, silk wrap, etc)
		Do you or someone in your household have your hair done?
		TRANSPORTATION EXPENSES:
		Do you own a car?
		Do you use public transportation? (i.e. bus service, taxi, etc.)
		ENTERTAINMENT EXPENSES:
		Do you have cable TV?
		Do you purchase or have a subscription to magazines?
		Do you go to or rent movies?
		Do you go on vacation?
		Do you attend sporting events?
		Are you a member of any clubs?
		Do you purchase lottery tickets?
		Do you purchase liquor, beer or wine?
		CLOTHING EXPENSES:
		Do you purchase clothes for yourself and your family?
		Do you use a laundry mat?



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		Do you use a dry cleaner?
		SMOKING EXPENSES:
		Does anyone in your household smoke pipe, cigarettes or cigars?
		COMMUNICATION EXPENSES:
		Do you have a telephone?
		Do you or any family member have a cell phone?
		Do you or any family member have a pager or beeper?
		Do you have internet connection in your home?
		SHELTER EXPENSES:
		Do you pay your utilities?
		MISCELLANEOUS EXPENSES:
		Do you contribute to your church?
		Do you or any family member have unreimbursed educational expenses?
		Do you have unreimbursed child care expenses?
		BENEFITS:
		Have you applied for TANF?
		If no, why not?
		Have you applied for Social Security disability?
		Have you applied for Social Security?
		Have you applied for Workman's Comp?
		Have you applied for unemployment?
		Have you applied for child support?
		WORK:
		Did you file a tax return for last year?
		Are you planning on working?

I acknowledge that I have been asked the above questions and that I have answered them honestly and accurately. I understand that any information I supply must be true and complete according to 24CFR982.551(b)(4) and that the penalty for falsifying information is termination of my voucher per 24CFR982.552(c)(1)(i).

Client Signature: _____ Date: _____