

**Anniston Housing Authority**  
**ZERO INCOME REPORT**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**You Must Answer Each Question Completely**  
**Do NOT answer N/A**

**1. Do you or any household member receive and of the following types of income:**

**Wages From Employment: Yes/No Member:** \_\_\_\_\_

**Amount Received \$** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **How Often:** \_\_\_\_\_

**TANF/WFFA: Yes/No Member:** \_\_\_\_\_

**Amount Received \$** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **How Often:** \_\_\_\_\_

**Child Support: Yes/No Member:** \_\_\_\_\_

**Amount Received \$** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **How Often:** \_\_\_\_\_

**Unemployment Benefits: Yes/No Member:** \_\_\_\_\_

**Amount Received \$** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **How Often:** \_\_\_\_\_

**Social Security/SSI: Yes/No Member:** \_\_\_\_\_

**Amount Received \$** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **How Often:** \_\_\_\_\_

**Veteran's Benefits: Yes/No Member:** \_\_\_\_\_

**Amount Received \$** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **How Often:** \_\_\_\_\_

**Cash Gifts: Yes/No Member:** \_\_\_\_\_

**Amount Received \$** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **How Often:** \_\_\_\_\_

**Any Other Income Not Stated Above: Yes/No Member:** \_\_\_\_\_

**Amount Received \$** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **How Often:** \_\_\_\_\_

**2. Did you or any household member receive a one-time lump sum payment since your last interview? Yes/No**

\_\_\_\_\_

**3. Did you or any household member have a baby, get married, move in or out, since your last interview? Yes/No**

\_\_\_\_\_

**4. Did any household member drop out of school since your last interview? Yes/No**

**5. When did you last receive TANF?** \_\_\_\_\_

**6. When did you last apply for Social Security or SSI Income?** \_\_\_\_\_

**7. Having no income, how do you pay for the following expense items? (ANSWER EACH QUESTION)  
(Also Put Amounts Paid by you or someone else)**

Car Payment: \_\_\_\_\_  
 Gas: \_\_\_\_\_  
 Insurance: \_\_\_\_\_  
 Laundry: \_\_\_\_\_  
 Food: \_\_\_\_\_  
 Toiletries: \_\_\_\_\_  
 Recreation: \_\_\_\_\_

Cable TV: \_\_\_\_\_  
 Telephone Bill: \_\_\_\_\_  
 Clothes: \_\_\_\_\_  
 (Utilities)  
 Power: \_\_\_\_\_  
 Gas: \_\_\_\_\_

**8. Name ALL Person(s) currently living in your household:**

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

**9. What are you doing to secure or restore income into your household:**

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

**WARNING: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.**

**Penalties Include:**

1. Termination of Section 8 Assistance
2. Required to pay all overpaid rental assistance you received
3. Fined up to \$10,000
4. Imprisoned for up to 5 years and / or
5. Prohibited from receiving future assistance

**I do hereby certify that all the information in this document is TRUE and COMPLETE. In the event that I do begin receiving any income, I will report this income to the Anniston Housing Authority within ten (10) days.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**AHA completion only**

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Status:** \_\_\_\_\_

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