



zero-/extremely low-income household questionnaire

You reported that your household has no income or extremely low income. Please explain how you pay for household living expenses and meet basic needs by answering the questions below.

Resident Name	Unit Number
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Expense	What is the source of the money you use to pay for this expense (work, family, friend, government or community organization)?	What is the average amount you receive?	How often is this received?			
			<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Rent		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Utilities: electricity/gas/etc.		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Telephone/Mobile phone		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Transportation (gas, car insurance, bus tokens)		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:
Cable or internet service		\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of household assisted with completing the form electronically (Authorization to Assist is attached).

signature(s)

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I certify that the information supplied in this form is true and correct to the best of my knowledge.

Resident Signature

Date