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zero-income household questionnaire

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

Head of Household Name	Date
Unit Number	

1 Do you have a job in which you are paid cash such as babysitting, fieldwork, temporary work, sell Avon, Mary Kay, etc?
If "yes", how much are you paid each time you work and how often do you work?

2 Do your parents, children, friends or any other person or organization outside of your household help you meet your needs by giving cash assistance?
If "yes", how much and how often do you receive assistance?

3	monthly cost	how do you pay this?
Rent		
Utilities: Electricity/Gas/etc		
Telephone/Mobile Phone		
Food		
Cleaning Supplies (dish soap, detergent, etc.)		
Paper Supplies (toilet paper, paper towels, etc)		
Personal Hygiene items (shampoo, deodorant, etc)		
If young children: diapers, formula		
Transportation (gas for car, car insurance, bus tokens)		
Cable or Internet Service		

signature(s)

Warning: Section 1001 of Title 18 of the U.S. 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.

Signature of Applicant/Resident Date

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