



Housing Authority of the City of Raleigh, North Carolina

Leased Housing

Priscilla B. Batts
Director of
Leased Housing

900 Haynes Street
Raleigh, NC 27604

Applications
(919) 831-6387

Section 8 HAPP
(919) 831-6620

HOUSING AUTHORITY OF THE CITY OF RALEIGH ZERO INCOME MONTHLY REPORT

VOUCHER # _____

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

WARNING: Title 18 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 Includes:

1. Termination of Section 8 housing assistance
2. Requirement to repay 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 housing assistance

Did you or any household member receive any of the following types of income? Circle Y or N

WAGES? Y or N Name of Employer: _____
 Date Started: _____ Amt. Received: _____
 How often received? Monthly _____ Weekly _____ Other _____

AFDC/WFFA/TANF? Y or N
 Date Started: _____ Amt. Received: _____
 How often received? Monthly _____ Weekly _____ Other _____

CHILD SUPPORT? Y or N
 Date Started: _____ Amt. Received: _____
 How often received? Monthly _____ Weekly _____ Other _____

UNEMPLOYMENT BENEFITS? Y or N
 Date Started: _____ Amt. Received: _____
 How often received? Monthly _____ Weekly _____ Other _____

SOCIAL SECURITY OR SSI? Y or N
 Date Started: _____ Amt. Received: _____
 How often received? Monthly _____ Weekly _____ Other _____

VETERAN'S BENEFITS? Y or N
 Date Started: _____ Amt. Received: _____
 How often received? Monthly _____ Weekly _____ Other _____

CASH GIFTS/CONTRIBUTIONS from family/friends? Y or N
 Date Started: _____ Amt. Received: _____
 How often received? Monthly _____ Weekly _____ Other _____

OTHER INCOME? Y or N Specific type: _____
 Date Started: _____ Amt. Received: _____
 How often received? Monthly _____ Weekly _____ Other _____

Please answer the following questions (circle Y or N):

1. Did you or any household member receive a one-time lump sum payment in the last 90 days? Y or N
If yes, please specify income source: _____
2. Did you or any household members have a baby, get married, or move in or out in the last 90 days? Y or N
If yes, please specify: _____
3. Did any household member drop out of school in the last 90 days? Y or N
4. When did you last apply for WFFA/AFDC/TANF? Date applied: _____
5. When did you last apply for Social Security or SSI? Date applied: _____



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ITEMIZED HOUSEHOLD EXPENSES

As a zero-income family, it is a requirement that you report the amount of your expenses and how they are paid. Please indicate the cost of each listed expense and the income source for each. If you do not see an expense listed, please write it in the blank box.

EXPENSE	COST	INCOME SOURCE
RENT	\$	
LIGHT BILL	\$	
TELEPHONE	\$	
CABLE	\$	
HEATING (OIL, GAS, ELECTRIC)	\$	
WATER/SEWAGE	\$	
FOOD (MONTHLY \$\$)	\$	
CAR PAYMENT	\$	
CAR TAX (YEARLY)	\$	
CAR INSURANCE	\$	
GAS (WEEKLY)	\$	
RENTERS INSURANCE	\$	
FURNITURE BILL	\$	
CREDIT CARDS	\$	
HAIR CARE	\$	
PERSONAL HYGIENE	\$	
LAUNDRY	\$	
	\$	
	\$	
	\$	
	\$	

Please list the person(s) currently living in your household:

What are you doing to secure or restore income into your household?

TENANT CERTIFICATION

I, _____, hereby certify that I do not receive any income, earned or unearned unless otherwise documented. I am aware that this form must be completed and submitted to the Raleigh Housing Authority by the 5th day of every month. In the event that I, or any other family member, start receiving any type of income, I am aware that I must report this income change within 10 days of the change. I will report this income change to the Raleigh Housing Authority by completing a Change of Status form and providing the required documentation.

Household Members Signature

Date

Head of Household Signature

Date

Revised 04/15/10 wlh