

**RALEIGH HOUSNG AUTHORITY  
ZERO INCOME MONTHLY REPORT**

**NOTE: Any information you provide on this form does not constitute reporting changes to your Household or Income. You must complete a Change of Status form to report any changes to your Household composition or Income.  
Please complete this form in blue or black ink.**

DATE: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

HOH (Last Four (4) Digits) #: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

(LAST FOUR (4) DIGITS) #: \_\_\_\_\_

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

**Note:** If there is anyone providing you with assistance on ANY items listed on the other side of this form, HUD and RHA require a Regular Contribution form to be completed by that person and submitted with this form. **If this information has never been reported, then you must complete a Change of Status request form to update the information on our system.**

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.

**ITEMIZED HOUSEHOLD EXPENSES:**

<b>EXPENSE</b>	<b>COST</b>	<b>INCOME SOURCE (How do you pay?)</b>
RENT	\$	
LIGHT BILL	\$	
TELEPHONE/CELL PHONE	\$	
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:**

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

**Please tell us what you are doing to find employment.**

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

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

**Privacy Act Notice:** The collection, maintenance, use and dissemination of SSNs, Employer Identification Numbers (EIN) any information derived from SSNs and EINs, and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State and Local Law.

**Violence Against Women Act (VAWA) Notification:** VAWA provides protections for victims of domestic violence, dating violence, stalking, or sexual assaults to prevent them from being denied admissions to or from losing housing solely as a result of being a victim. This protection extends to all household members listed on a housing assistance application or lease agreement. At any time it is made known to RHA that an applicant, resident or voucher recipient is a victim of domestic violence, RHA will pause its negative subsidy action to allow the victim the time needed to provide documentation/verification of the abuse.

**Right to Reasonable Accommodation:** Applicants and assisted families have the right to request reasonable accommodations. Please notify staff if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services.

**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 5<sup>th</sup> 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 30 calendar 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.

\_\_\_\_\_  
 Head of Household Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Household Member(s) Signature

\_\_\_\_\_  
 Date