

SURVIVAL STATEMENT – ZERO INCOME REPORTING FORM

To be used monthly if family reports a Zero income. Form must be completed by each household member over age 18.

Personal Information

Name:	Date:	Tenant ID#:
Address:	Current Rent:	
City/State/Zip:	Phone:	

Please answer all the following questions truthfully and completely:

Please check all forms of income you received this month:

<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> A-N-D	<input type="checkbox"/> Child Support	<input type="checkbox"/> OAP
<input type="checkbox"/> Wages	<input type="checkbox"/> VA	<input type="checkbox"/> Money from family and/or friends		
<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Pension		
<input type="checkbox"/> Church or other charity	<input type="checkbox"/> Other (specify)			

1. Do you have a checking or savings account? Yes No
Name of Bank: _____ Balance: _____
2. How did you pay for groceries this month? _____

3. How did you pay for laundry this month? _____

4. If you smoke, how did you pay for cigarettes this month? _____

5. Did you pay your utility bills this month? If so, how? _____

6. Do you have a phone? Yes No If yes, how do you pay for it? _____

7. Do you have cable TV? Yes No If yes, how do you pay for it? _____

8. Do you have a cell phone or pager? Yes No If yes, how do you pay for it? _____

9. How did you pay for transportation this month? _____

10. How did you pay for hygiene products and cleaning supplies this month? _____

11. Do you have children? Yes No If yes, how do you pay for the following:
 Diapers _____
 Baby Food _____
 School Supplies _____
 Toys/Books _____
 Child Care _____
12. Did you eat out; go to movies, or take in other entertainment this month? Yes No If
 yes, how did you pay for that? _____

ZERO INCOME VERIFICATION

I do hereby swear and attest that I currently have zero income and all of the information provided on this form is true and correct. I understand that all changes in the income of any member of my household, including mine, must be reported to the agency administering my Housing Choice Voucher within ten (10) days of the change. I also acknowledge that the agency of the Colorado Division of Housing will contact the Department of Labor and Employment to verify that I am not employed and/or working for wages.

 Signature

 Date

 Social Security Number

 Tenant ID #

WARNING: TITLE 18, SECTION 1001 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 OR AGENCY OF THE UNITED STATES.