

North Charleston Housing Authority

6327 Rivers Avenue • North Charleston, SC 29406
Phone (843) 747-1793 Fax (843) 744-3466 TDD: 843-767-0552
Web: northcharlestonhousing.org

ZERO INCOME AFFIDAVIT

NOTE: This form must be completed by zero income families every ninety (90) days. Please return this form within seven (7) days.

Printed Name _____

Social Security # _____

Address _____

Phone Number _____

City _____ State _____ Zip _____

Printed Head of Household's Name _____

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 anyone, including children, receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received monthly. Please attach a Zero Income Verification Letter for any regular contributions or gifts received from organizations or from persons not residing with an assisted family. (Examples of regular contributions include: (1) regular payment of a family's bills (e.g., utilities, telephone, rent, credit cards, and car payments), (2) cash or other liquid assets provided to any family member on a regular basis, and (3) "in-kind" contributions such as groceries and clothing provided to a family on a regular basis)

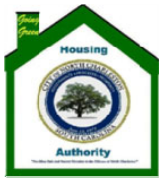
Type of Income	Yes	No	Who	Date Started	Monthly Amount
• Employment	<input type="checkbox"/>	<input type="checkbox"/>			
• TANF	<input type="checkbox"/>	<input type="checkbox"/>			
• Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
• Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
• Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>			
• Social Security	<input type="checkbox"/>	<input type="checkbox"/>			
• SSI	<input type="checkbox"/>	<input type="checkbox"/>			
• Pension / Retirement	<input type="checkbox"/>	<input type="checkbox"/>			
• Veteran's Benefit	<input type="checkbox"/>	<input type="checkbox"/>			
• Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>			
• Cash Gifts/Contributions from family/friends	<input type="checkbox"/>	<input type="checkbox"/>			
• Other, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>			

1. Did you or any household member receive a one-time lump sum payment in the last 90 days? Yes No
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? Yes No
If yes, please specify: _____
3. Did any household member drop out of school in the last 90 days? Yes No
4. When did you last apply for TANF? Date applied: _____
5. When did you last apply for Social Security or SSI? Date applied: _____

HOH: _____

NCHA Rep/Dept: _____





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ZERO INCOME AFFIDAVIT (continued)

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	\$	
Other:	\$	
Other:	\$	

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

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

TENANT CERTIFICATION: I understand that in the event that I become employed or begin receiving any source of income (TANF benefits, SSI, Child Support, etc.) it is my responsibility to report this income to the Housing Authority in writing immediately. I understand that I must report any source of income I begin receiving immediately to the Housing Authority and no later than 10 calendar days of my receiving the income. I further understand that should I fail to report any changes in family composition or income in a timely manner as established by program guidelines, my Housing Assistance may be terminated and or retroactive rental charges may be charged, and I will be required to repay the monies to the housing authority.

WARNING: SECTION 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

I state and affirm that the information furnished on this form is true and correct to the best of my knowledge and belief. I fully understand that I am to report any changes of family composition or income to my Site Manager within the same month it occurs, or my lease may be terminated.

Head of Household Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

HOH: _____

NCHA Rep/Dept: _____





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ZERO INCOME VERIFICATION LETTER

Please attach this letter to the Zero Income Affidavit for any regular contributions or gifts received from organizations or from persons not residing with an assisted family.

(Examples of regular contributions include: (1) regular payment of a family's bills (e.g., utilities, telephone, rent, credit cards, and car payments), (2) cash or other liquid assets provided to any family member on a regular basis, and (3) "in-kind" contributions such as groceries and clothing provided to a family on a regular basis)

To NCHA:

I, _____ provide payment of a family's bills (e.g., utilities, telephone, rent, credit cards, and/or car payments, cash, or other liquid assets or in-kind contributions such as groceries and clothing to the family on a regular basis in the amount of \$ _____, weekly, bi-weekly or monthly (please check one).

(Proof of available funds must be given from persons providing cash contributions for more than \$500 monthly**)**

Signature: _____
Street Address: _____
City, State, Zip Code _____
Cell Phone Number _____
Date: _____

HOH: _____

NCHA Rep/Dept: _____

