



Housing Choice Voucher Program

ZERO INCOME STATEMENT and MONETARY CONTRIBUTION WORKSHEET

- 1) I, _____ verify that I have NO income. I understand that I am required to report within ten (10) business days, in writing, any changes in income and household composition. Failure to report this information may result in owing DCA back rent and/or the termination of my subsidy.
- 2) How do you pay for the following?

	Monthly Expense	How do you pay for/or explain how you receive it?	Provide the name and address of the people/agency who provide you assistance to purchase the following:
Cleaning Products (disinfectant, laundry products, etc.)	\$		
Personal care items (clothing, soap, shampoo, toilet paper deodorant, diapers, etc.)	\$		
Rent or utilities in excess of your utility allowance?	\$		
Transportation (gas, registration, license, bus pass, etc.)	\$		
Loans or credit cards (car payment, school loan, etc.)	\$		
Food/Groceries	\$		
Health Care (Insurance, Prescriptions, co-pays, etc.)	\$		
Cell Phone/Home Phone	\$		
Cable/Internet	\$		
Total Expenses	\$	X 12	\$
What is the reason you have zero income (lost employment, unpaid leave etc.) Please explain:			

If you require special assistance or reasonable accommodations due to a disability, including the need to receive documentation or communication in alternative formats, please contact your assigned Housing Specialist.

Applicant/Tenant Signature

Date

_____ Initial here if DCA staff assisted you with completing this form.

