

**TRUMBULL METROPOLITAN HOUSING AUTHORITY  
 ZERO INCOME FORM**

I,

hereby certify that I currently do NOT receive income from any source. I understand that I may be required to recertify more often than annually. I further understand that I am required to report any changes in income and family composition within fourteen (14) days, in writing, to the **HOUSING CHOICE VOUCHER PROGRAM** office. Failure to report this information may result in owing TMHA back rent and/or the termination of subsidy.

I understand that regular cash contributions and gifts from persons not living in the unit paid on behalf of the family that are provided on a regular basis are considered Annual Income.

Please answer the following questions regarding payment of the following:

	Monthly Cost	Source for Payment
<b>PH</b> – Cost of food NOT covered by food stamps	\$	
Cost of cleaning products (disinfectant, laundry products, etc.)	\$	
Cost of personal care products (clothing, soap, shampoo, toilet paper, deodorant, diapers, etc.)	\$	
Rent and/or Utilities in EXCESS of the utility reimbursement payment	\$	
Cellular Phone and/or Home Phone	\$	
Cost of Medical Expenses per month (insurance, prescriptions, co-pays, etc.)	\$	
Cost of clothing per month (purchasing, laundering)	\$	
Automobile expenses (payments, insurance, gasoline, maintenance)	\$	
Cost of cable/satellite TV and internet	\$	
Cigarettes or other items (if you smoke)	\$	
Entertainment Expenses (Other)	\$	
<b>Total Expenses</b>	<b>\$</b>	X 12 = Annual Income

Annual income is the amount of income that is used to determine a family's eligibility for assistance. Annual income is defined as all amounts, monetary or not, that go to or are received on behalf of the family head, spouse or co-head (even if the family member is temporarily absent), or any other family member; OR all amounts anticipated to be received from a source outside the family during the 12-month period following admission or annual recertification effective date.

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f)(g) and (h).



I/We certify that the information is true to the best of my knowledge and belief. I/We understand that false statements or information are punished under federal law. I/We also understand that knowingly providing false statements are considered fraud and subject to immediate eviction and/or termination of assistance.

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Signature

Date

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Signature

Date