

PERRY COUNTY HOUSING AUTHORITY
ZERO INCOME WORKSHEET

This worksheet is to be completed for all families whose income Total Tenant Payment equals the minimum rent. This form should be completed prior to admission, and at each recertification, which shall be yearly in accordance with PCHA's policy on re-examination of the tenants with minimum rent or zero income. The form first list all the cash and non-cash contribution the family is receiving and then assists PCHA staff to compute the annual value of such contributions as income. The family is required to submit documentation of the amount claimed. All questions **MUST BE** answered. Add additional pages if necessary. Failure to complete and submit this form can result in termination of assistance and/or eviction. Please list the monthly amount of the contribution, as well as the name of the income source and/or relationship to you. The total amount is considered income and will be calculated as such.

Name of person providing financial assistance: _____

Amount providing: _____ This amount should total items below.

	MONTHLY AMOUNT	PAID BY
SHELTER & UTILITIES	\$	
GROCERY BILL	\$	
CLEANING/GROOMING/ PAPER PRODUCTS	\$	
TRANSPORTATION:		
VEHICLES	\$	
GAS/MAINTENANCE	\$	
INSURANCE	\$	
ENTERTAINMENT:		
CABLE/SATELLITE/INTERNET	\$	
MAGAZINES/VIDEO	\$	
VACATIONS	\$	
LOTTERY	\$	
OTHER	\$	
CLOTHING/LAUNDRY	\$	
TOBACCO PRODUCTS	\$	
PHONE/CELL/PAGER	\$	
MEDICAL	\$	
OTHER	\$	
TOTAL:	\$	

Applicant/Tenant Signature: _____ Date: _____