

# ZERO INCOME CHECKLIST

TENANT/APPLICANT \_\_\_\_\_

## INCOME

ARE YOU SELF-EMPLOYED? (Yard work, beautician, babysitter etc.) - ( ) YES ( ) NO

IF YES, WHAT IS YOUR AVERAGE MONTHLY INCOME? \$ \_\_\_\_\_

DO YOU RECEIVE TANF? ( ) YES ( ) NO \$ \_\_\_\_\_

DO YOU RECEIVE CHILD SUPPORT? ( ) YES ( ) NO

COURT AWARDED AMOUNT \$ \_\_\_\_\_ AMOUNT RECEIVING \$ \_\_\_\_\_ EACH \_\_\_\_\_

WHAT AMOUNT IS GIVEN TO YOU BY FAMILY OR FRIENDS TO HELP WITH YOUR MONTHLY EXPENSES  
(Electricity, cable, telephone, insurance) \$ \_\_\_\_\_

## FOOD EXPENSES

DO YOU RECEIVE FOOD STAMPS? ( ) YES ( ) NO - IF YES, THE AMOUNT \$ \_\_\_\_\_

IF NO, DOES ANYONE BUY YOUR GROCERIES OR PREPARE MEALS FOR THE FAMILY?

AVERAGE PER MONTH \$ \_\_\_\_\_

## CLEANING /GROOMING EXPENSES

DOES SOMEONE OUTSIDE THE HOUSEHOLD BUY/PAY THE FOLLOWING: CLEANING SUPPLIES, SOAP, DEODORANT, SHAMPOO, TOOTHPASTE, HAIR CUTS, BEAUTICIANS, PAPER TOWELS, TISSUE, NAPKINS, TRASH BAGS, DISPOSABLE DIAPERS, LAUNDRY DETERGENT, DISHWASHING SOAP \$ \_\_\_\_\_ MONTHLY

## CLOTHING EXPENSES

WHAT IS THE AVERAGE COST YOU PAY FOR CLOTHING AND SHOES FOR THE FAMILY? \$ \_\_\_\_\_

WHAT IS YOUR WEEKLY AMOUNT SPENT FOR LAUNDRY/DRY CLEANING CLOTHES \$ \_\_\_\_\_

### TRANSPORTATION EXPENSE

DO YOU OWN A CAR? ( ) YES ( ) NO

IF YES, ARE YOU STILL MAKING PAYMENTS ON THE CAR? \$ \_\_\_\_\_ PER \_\_\_\_\_

MONTHLY GASOLINE \$ \_\_\_\_\_ MONTHLY INSURANCE \$ \_\_\_\_\_ MAINTENANCE \$ \_\_\_\_\_

IF NO, WHAT DOES THE FAMILY USE AS TRANSPORTATION \_\_\_\_\_

COST PER MONTH \$ \_\_\_\_\_ (TAXI, FAMILY, FRIEND) DONATIONS \$ \_\_\_\_\_

### ENTERTAINMENT/COMMUNICATION EXPENSES

DO YOU HAVE CABLE TV? ( ) YES ( ) NO \_\_\_\_\_ COST \$ \_\_\_\_\_ MONTHLY

DOES SOMEONE OUTSIDE THE FAMILY PAY THIS EXPENSE? ( ) YES ( ) NO

IF NO, COST FOR VIDEO RENTAL \$ \_\_\_\_\_ MOVIES \$ \_\_\_\_\_ SPORTING EVENTS \$ \_\_\_\_\_

DO YOU HAVE A HOUSE TELEPHONE? ( ) YES ( ) NO \_\_\_\_\_ MONTHLY COST \$ \_\_\_\_\_

DO YOU HAVE A CELL PHONE? ( ) YES ( ) NO \_\_\_\_\_ MONTHLY COST \$ \_\_\_\_\_

DO YOU HAVE A PHONE SUPPLIED BY AN AGENCY? ( ) YES ( ) NO \_\_\_\_\_

### SMOKING/MEDICAL/ MISCELLANEOUS EXPENSES

DO YOU SMOKE CIGARETTES? ( ) YES ( ) NO

IF YES, COST PER WEEK \$ \_\_\_\_\_ PER MONTH \$ \_\_\_\_\_

DOES SOMEONE CONTRIBUTE CIGARETTES TO THE FAMILY? ( ) YES ( ) NO

IF YES, WHAT IS THE AVERAGE MONTHLY COST? \$ \_\_\_\_\_

CHURCH CONTRIBUTIONS \$ \_\_\_\_\_ CHILD CARE EXPENSE \$ \_\_\_\_\_ MONTHLY

JOB EXPENSES \$ \_\_\_\_\_ EDUCATION OR MEDICAL EXPENSES \$ \_\_\_\_\_ MONTHLY

### APPLICANTS (ONLY)

WHAT IS YOUR MONTHLY COST FOR HOUSING \$ \_\_\_\_\_ UTILITIES? \$ \_\_\_\_\_

ARE THERE ANY OTHER EXPENSES THAT SOMEONE OUTSIDE THE HOME PAYS \$ \_\_\_\_\_

\*GROCERIES/CHILD CARE PAID DIRECTLY BY AGENCIES ARE EXCLUDED

**TOTAL INCOME FOR THE MONTH \$ \_\_\_\_\_**