

# Central Texas Housing Assistance Programs ZERO INCOME REPORTING FORM

COUNSELOR NAME –

Head of Household Information:	
Name:	Date:
Address:	Current Tenant Rent:
City/State/Zip	Phone:

**The following information covers all household members 18 or older.  
Please answer all of the following questions truthfully and completely.**

**Please check all forms of assistance or income you are currently receiving:**

SSI   
  Social Security   
  Child Support   
  Wages   
  VA  
 Money from family or friends   
  TANF   
  Unemployment  
 Pension                     
  Other: \_\_\_\_\_

1. Do you have a  checking or  savings account?     Yes     No  
 Name of bank \_\_\_\_\_ Balance: \_\_\_\_\_
2. How do you pay for groceries? \_\_\_\_\_  
 \_\_\_\_\_
3. How do you pay for laundry? \_\_\_\_\_  
 \_\_\_\_\_
4. If you smoke, how are you buying cigarettes? \_\_\_\_\_  
 \_\_\_\_\_
5. How are you paying for your utilities? \_\_\_\_\_  
 \_\_\_\_\_
6. Do you have cable?  Yes  No - how do you pay for it? \_\_\_\_\_  
 \_\_\_\_\_
7. Do you have a phone?  Yes  No - how do you pay for it? \_\_\_\_\_  
 \_\_\_\_\_
8. Do you have a cell phone or pager?  Yes  No - If yes, how do you pay for it?  
 \_\_\_\_\_  
 \_\_\_\_\_



**Central Texas Council of Governments Housing Division**  
**P.O. Box 729 2180 North Main Belton, Texas 76513**  
**254 770-2300 toll free 888 488-4911**

## Central Texas Housing Assistance Programs

9. Do you have a vehicle? \_\_\_ Yes \_\_\_ No – If yes, how much is the monthly payment \$\_\_\_\_\_ Who pays the payment? \_\_\_\_\_ Who pays the insurance?\_\_\_\_\_ How do you purchase gas? \_\_\_\_\_  
\_\_\_\_\_ If you do not have a vehicle, how do you pay for transportation\_\_\_\_\_

10. How do you buy hygiene products and cleaning supplies? \_\_\_\_\_  
\_\_\_\_\_

11. Do you have children? \_\_\_ Yes \_\_\_ No - If yes, how do you pay for the following:  
Diapers \_\_\_\_\_  
Baby food \_\_\_\_\_  
School supplies \_\_\_\_\_  
Clothes \_\_\_\_\_  
Toys/books \_\_\_\_\_

12. You must provide CTHAP with a notarized statement from anyone who provides assistance with paying for any of your household needs (food, rent, utilities) or any other financial responsibilities.  
\_\_\_\_\_  
\_\_\_\_\_

### ZERO INCOME VERIFICATION

I do hereby swear and attest that I currently have zero income and all of the information provided on this form is true and correct. I understand that all changes in my income and the income of any member of the household must be reported to the Central Texas Housing Assistance Programs (CTHAP) within 10-days of the change. I also acknowledge and give my express permission to CTHAP to contact the Texas Workforce Commission, Texas Department of Human Services and other individuals, businesses, companies and agencies to verify that I am not working.

\_\_\_\_\_  
Signature: Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature: Household member 18 or older

\_\_\_\_\_  
Signature: Household member 18 or older

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

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