



West Allis Housing Authority

**CERTIFICATION OF ZERO INCOME**

Each member of the household 18 years and older must complete and sign a Certification of Zero Income form when stating no income.

Families currently participating in the West Allis Housing Choice Voucher program, reporting zero income, will be required to complete an interim reexamination every 3 months as long as the family continues to report no income.

Name of Head of Household: \_\_\_\_\_

Name of Household Member Reporting Zero Income: \_\_\_\_\_

**ANSWER YES OR NO FOR EACH ITEM AND PROVIDE DETAILED INFORMATION WHEN PROMPTED**

Income Source	Yes	No	Amount Received/ Detailed Information
Unemployment:	<input type="checkbox"/>	<input type="checkbox"/>	
If not receiving unemployment, have you filed an unemployment claim?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you on a leave of absence from work due to layoff, medical, maternity, or military leave?	<input type="checkbox"/>	<input type="checkbox"/>	
Worker's Compensation/Short Term Disability:	<input type="checkbox"/>	<input type="checkbox"/>	
If you are receiving worker's compensation/short term disability, when is your expected return to work date?			
Social Security Benefits:	<input type="checkbox"/>	<input type="checkbox"/>	
If not receiving social security benefits, have you filed to receive them?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security Benefits for your Children:	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony:	<input type="checkbox"/>	<input type="checkbox"/>	
Are you entitled to alimony payments that you are not currently receiving?	<input type="checkbox"/>	<input type="checkbox"/>	
Kinship or Foster Care:	<input type="checkbox"/>	<input type="checkbox"/>	
Pension/IRA/401K:	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently awaiting a determination regarding your pension/IRA/401K payments?	<input type="checkbox"/>	<input type="checkbox"/>	
Child Support:	<input type="checkbox"/>	<input type="checkbox"/>	
Are you entitled to child support payments that you are not currently receiving?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, from which state:
W-2/TANF/W-2T/IDAP:	<input type="checkbox"/>	<input type="checkbox"/>	
If not receiving W-2/TANF/W-2T/IDAP, have you applied?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities/Insurance Policies/Stocks/Etc.:	<input type="checkbox"/>	<input type="checkbox"/>	
Do you work for someone that pays you in cash:	<input type="checkbox"/>	<input type="checkbox"/>	Name:
Self-Employment:	<input type="checkbox"/>	<input type="checkbox"/>	
Rental Property:	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive cash, gifts, or non-cash contributions from individuals not living with you, or from any agencies? If yes, provide the amount received, the frequency, and the name of the provider:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ Every: Day Wk Month Yr From: _____



**ANSWER THE QUESTIONS BELOW AND PROVIDE DETAIL WHEN PROMPTED**

- 1. Are you a seasonal employee?  Yes  No  
If yes, during which months are you typically unemployed? \_\_\_\_\_
- 2. Do you expect to work at any period during the next twelve (12) months?  Yes  No  
If no, what is preventing you from working? \_\_\_\_\_
- 3. Our Family Self Sufficiency (FSS) program is available to help you achieve employment. Would you be interested in learning more? Yes No

**WRITE THE COST OF EACH BILL/EXPENSE FOR THE MONTH AND HOW IT IS PAID FOR.**

Bill/Expense	Amount	How it was paid for
Rent:		
Utilities:		
Food:		
Family Clothing:		
Laundry:		
Phone:		
Cable/Internet:		
Car Insurance/Gas/Maintenance/Up-Keep:		
Other Transportation Needs (Bus Pass, Uber, etc.):		
Children's School Supplies:		
Diapers:		
Prescriptions/Medical Care:		
Personal Care Products (toilet paper, toothpaste, shampoo, etc.):		
Cigarettes:		
Personal Expenses (hair, nails, makeup, etc.):		
Pet Care:		

**CERTIFICATION:**

- I certify that I have answered all the above questions fully and truthfully to the best of my knowledge. I understand my reporting requirements and I understand that willful failure to report all household income may subject my Application of Tenant Eligibility/Voucher to disqualification. Furthermore, I hereby acknowledge that the information I have given on this form is correct to the best of my knowledge and belief, I understand that the making of willful false statements or misrepresentations of material nature may make me subject to criminal and civil penalties under state and federal law.

**Household Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CURRENT PARTICIPANTS OF THE WEST ALLIS HOUSING CHOICE VOUCHER PROGRAM:**

- I understand that if I claim Zero Income, I must complete an Interim Reexamination (which includes completion of this form), **every 90 days**. Failure to do so may result in the termination of my rental assistance. I agree to notify West Allis Housing Authority in writing, and provide the necessary documentation, if I have any changes in my household income, within 14 days of the change.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

