



West Allis Housing Choice Voucher Program

CERTIFICATION OF ZERO INCOME

Each member of the household 18 years and older must complete and sign a Certification of Zero Income when stating no income on the Initial or Renewal Application.

HEAD OF HOUSEHOLD: _____

HOUSEHOLD MEMBER REPORTING ZERO INCOME: _____

YES

NO

- Are you employed full time, part-time seasonally or self-employed?
Do you expect to work for any period during the next twelve months?
Do you work for someone who pays you in cash?
Are you on leave of absence from work due to lay-off, medical, maternity or military leave?
Do you now receive or expect to receive child support from Wisconsin or any other State? What state?
Do you now receive or expect to receive unemployment benefits?
Do you receive workers compensation or short term disability? If yes, what is your return date to work?
Are you entitled to child support that you are not now receiving?
Do you now receive or expect to receive alimony payments?
Are you entitled to alimony payments that he/she is not now receiving?
Do you receive or expect to receive Social Security Benefits, Kinship or foster care?
Do you now receive or expect to receive income from a pension or annuity?
Do you receive contributions or gifts from individuals not living in the unit or from any agencies?
From Whom _____ How much \$ _____
Do you receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property?
Have you applied for all benefits you may be entitled to including W2, W2T, IDAP or the PASS program?

Who pays for your utilities? _____

What funds do you use to pay for food and clothing? _____

What funds do you use to pay for personal items (toiletries, cigarettes, school supplies, cell phone, etc.)? _____

What form of transportation do you use and how is it paid for? _____

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: _____

Social Security Number: _____

