



zero-/extremely low-income household questionnaire

You reported that your household has no or extremely low income. Please explain how you pay for household living expenses and meet basic needs by answering the questions below.

Resident Name	Unit Number
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Do you have a job in which you are paid cash, such as babysitting, fieldwork, temporary work, selling Avon/ Mary Kay, etc.?	<input type="checkbox"/> Yes	No
If yes, how much are you paid each time you work?		
How often do you work?		

Do your parents, children, friends, or any other person or organization outside of your household help you meet your needs by giving you cash assistance?	<input type="checkbox"/> Yes	No
If yes, how much do you receive?		
How often do you receive assistance?		

expense	monthly cost	how do you pay for this?
Rent		
Utilities: electricity/gas/etc.		
Telephone/Mobile phone		
Food		
Cleaning supplies (dish soap, detergent, etc.)		
Paper supplies (toilet paper, paper towels, etc.)		
Personal hygiene items (shampoo, deoderant, etc.)		
If young children: diapers, formula		
Transportation (gas, car insurance, bus tokens)		
Cable or internet service		

signature(s)

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I certify that the information supplied in this form is true and correct to the best of my knowledge.

Resident Signature	Date
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Resident Signature	Date
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