

Zero-/Extremely Low-Income Household Questionnaire

You reported that you and/or 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 | Address |
| | Phone Number |

| | | |
|---|------------------------------|-----------------------------|
| 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> No |
| If yes, how much do you receive? | | |
| How often do you receive assistance? | | |
| Name, Address and Phone number of person(s) providing assistance: | | |

| expense | monthly cost | how much do you pay for this? |
|---|--------------|-------------------------------|
| Rent | | |
| Utilities: electricity/gas/etc. | | |
| Telephone/Mobile phone | | |
| Food (Do you use Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No) | | |
| Cleaning supplies (dish soap, detergent, etc.) | | |
| Paper supplies (toilet paper, paper towels, etc.) | | |
| Personal hygiene items (shampoo, deodorant, etc.) | | |
| If young children: diapers, formula | | |
| Transportation (gas, car insurance, bus tokens) | | |
| Cable/Satellite or internet service | | |

signatures

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

 Signature of Interviewer/Manager Date



Verification of Recurring Cash Contribution

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY TENANT

RESIDENT NAME: _____ DATE _____

ADDRESS: _____

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IF LEFT BLANK

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNED: _____ DATE: _____

The person listed above is an applicant/tenant of a housing program that requires verification of income. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your timely response is essential and greatly appreciated.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail or fax rather than have the above individual hand-deliver). Your timely response is essential and greatly appreciated.

Sincerely,

Property Management/Housing Specialist

Please return form (by mail/fax only) to:
SMHO
5808 S Rapp St, Ste 100
Littleton CO 80120 FAX: 303 794 0806

THE FOLLOWING TO BE COMPLETED BY THE CONTRIBUTOR

Purpose of Cash Contribution:

Amount anticipated to be contributed in the next 12 months? \$ _____

Contributor's Printed Name & Relationship to Applicant/Tenant _____ Name of Organization & Title (if applicable) _____

Contributor's Signature _____ Date _____ Number and Street _____

Telephone Number _____ City, State, Zip Code _____

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements for misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)**. 6/29/2007

