



HOUSING  
AUTHORITY  
CITY OF  
PITTSBURGH

**Instructions for the Zero Income Determination  
Worksheet and Zero Income Affidavit**  
To be given to Applicant and/or Tenant  
(As of October 19, 2012)

1. This Zero Income Determination Worksheet **must** be completed by all heads of household reporting no (\$0) income for the **total** household.
2. The Zero Income Affidavit **must** be completed by all adult members (18 and over) in the household who have no income.
3. The Zero Income Determination Worksheet **must** be completed prior to admission, and approximately every **90 days** thereafter until no longer applicable. In order to continue to receive Housing Assistance, you **must** answer all questions.
4. If the question does not apply to you, answer the question with N/A {Not Applicable}
5. Please review and understand the following two blocks.

**WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.**

**NOTICE: Any attempt to obtain Assisted Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime and shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

Note: according to **HUD Regulation 24CFR5.609 (7)**: Periodic and determinable allowances such as alimony, child support, and regular contributions or gifts received from organizations **or from persons not residing in the dwelling (household) are income.**

6. Please answer all questions and provide us with monthly amounts for the respective categories. You are to list not only cash received, but also direct payment contributions for utilities, etc. and non-cash contributions such as groceries, paper products, etc., given to the household.
7. Please make sure the forms are signed and dated.
8. Return forms and information to HACP.



**Zero Income Determination Worksheet  
For HCV and LIPH  
(Revised 10/19/2012)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Date: \_\_\_\_\_  
SSN (last 4 digits) \_\_\_\_\_

This worksheet is to be completed for all Households who have declared **Total Household Income** to be \$0 per month. This form will be completed by the Head of Household (HOH) prior to admission, and approximately every **90 days** thereafter until no longer applicable. In order to continue to receive Housing Assistance, you must answer all questions.

**WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.**

**NOTICE: Any attempt to obtain Assisted Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime and shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

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**#1 – Food Expenses**

Do you or does anyone in your household receive Food Stamps? \_\_\_\_ Yes \_\_\_\_ No

If “Yes” to above, what is the monthly value of the food stamps? \$ \_\_\_\_\_

If “No” to above, how do you pay the monthly grocery bill? \_\_\_\_\_

\_\_\_\_\_

If “No” to above, how much is the monthly grocery bill? \$ \_\_\_\_\_

**#2 – Paper Products**

What is the monthly value of paper products used by your household? (Include napkins, toilet paper, paper towels, trash bags, diapers and other paper goods.) \$ \_\_\_\_\_

How does your household pay for paper products? \_\_\_\_\_

**#3 – Grooming Products**

What is the monthly value of grooming products and services used by your household? (Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, etc.) \$ \_\_\_\_\_

How does your household pay for the cost of grooming products and services? \_\_\_\_\_

#### #4 – Cleaning Products

What is the monthly value of cleaning products used by your household? (Include dishwashing soap, laundry detergent, and household cleaning products.) \$ \_\_\_\_\_  
How does your household pay for cleaning products? \_\_\_\_\_

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#### #5 – Transportation Expenses

Do you, or does someone in your household, own an automobile? \_\_\_\_ Yes \_\_\_\_ No  
If “Yes” to above, are there still payments due? \_\_\_\_ Yes \_\_\_\_ No  
If yes, what is the monthly automobile payment? \$ \_\_\_\_\_  
If “Yes” to above, what are the average monthly costs spent on the following:  
Gas \$ \_\_\_\_\_ Maintenance \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_ Tires \$ \_\_\_\_\_  
If “No” to above, how do you get around? \_\_\_\_\_

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#### #6 – Entertainment Expenses

Does your household have a cable or satellite TV connection? \_\_\_\_ Yes \_\_\_\_ No  
If “Yes” to above, what is the average monthly cost? \$ \_\_\_\_\_  
If “Yes” to above, how does your household pay for cable / satellite TV service? \_\_\_\_\_

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What are the monthly costs of the following types of entertainment for your household?

Magazines \$ _____	Movies \$ _____
Video Rentals \$ _____	Club Memberships \$ _____
Sporting Events \$ _____	Liquor/Beer/Wine \$ _____
Lottery tickets \$ _____	Vacations \$ _____

How does your household pay for other entertainment costs? \_\_\_\_\_

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#### #7 – Clothing Expenses

What is the average monthly cost for clothing and shoes for the household? \$ \_\_\_\_\_  
How does your household pay for clothing and shoes? \_\_\_\_\_

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#### #8 – Smoking Expenses

Does anyone in the household smoke or chew tobacco? \_\_\_\_ Yes \_\_\_\_ No  
If “Yes” to above, what is the average monthly cost? \$ \_\_\_\_\_  
If “Yes” to above, how does your household pay for the cost? \_\_\_\_\_

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#### #9 – Communication Expenses

Do you or anyone in your household have a telephone? \_\_\_\_ Yes \_\_\_\_ No  
If “Yes” to above, what is the monthly cost of the telephone service? \$ \_\_\_\_\_  
If “Yes” to above, how does your household pay for the cost? \_\_\_\_\_

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Do you or anyone in your household have a cell phone? \_\_\_\_ Yes \_\_\_\_ No  
If “Yes” to above, what is the monthly cost of the cell phone service? \$ \_\_\_\_\_  
If “Yes” to above, how does your household pay for the cost? \_\_\_\_\_

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Do you or anyone in your household have Internet service? \_\_\_\_ Yes \_\_\_\_ No  
If “Yes” to above, what is the monthly cost of the Internet service? \$ \_\_\_\_\_  
If “Yes” to above, how does your household pay for the cost? \_\_\_\_\_

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**#10 – Shelter Expenses**

What is the average monthly cost for the following?

Electric \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Water & Sewer \$ \_\_\_\_\_

How do you or members of your household pay the cost of the above? \_\_\_\_\_

\_\_\_\_\_

**#11 – Medical Expenses**

Do you or any member of your household have any unreimbursed medical and/or prescription expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes” to above, what is the average monthly cost? \$ \_\_\_\_\_

If “Yes” to above, how does your household pay for unreimbursed medical expenses? \_\_\_\_\_

**#12 – Pet Expenses**

Do you or does anyone in your household have a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes” to above, list the monthly expenses for the following:

Pet Food \$ \_\_\_\_\_ Veterinary Care \$ \_\_\_\_\_ Pet Supplies \$ \_\_\_\_\_

If “Yes” to above, how do you and/or members of your household pay for pet expenses? \_\_\_\_\_

**#13 – Miscellaneous Expenses**

Listed below are a series of additional miscellaneous expenses your household might have.

Indicate the monthly amount your household spends on any applicable expenses and the amounts contributed toward the expenses:

Church contributions \$ \_\_\_\_\_

Unreimbursed Educational Expenses \$ \_\_\_\_\_

Unreimbursed Childcare Expenses \$ \_\_\_\_\_

Unreimbursed Job Expenses \$ \_\_\_\_\_

**Authorizations and Acknowledgments:**

I, the undersigned, do hereby acknowledge this document. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for participation, and may be grounds for termination of assistance.

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

Date: \_\_\_\_\_



200 Ross Street  
Pittsburgh Pa, 15219  
412-456-5000  
TTY: 412-201-5384

**Zero Income Affidavit** (as of 10/19/12)

I, \_\_\_\_\_, declare under penalty of perjury that I  
*(Family Member with Zero Income)*

am 18 years of age or older, and do not have any income.

INCOME includes but is not restricted to:

- Gross wages, salaries, overtime pay, commissions, fee's tips and bonuses
- Net income from operation of business or from rental or real personal property
- Interest, dividends, and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance, policies, retirement funds, pensions, disability, or death benefits and other similar types of periodic receipts
- Lump sum payment(s) for the delayed start of a periodic payment
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay.
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed forces (whether or not living in the dwelling)
- Regular monetary gifts from friends and/or family.

I understand that I must report to the Housing Authority of the City of Pittsburgh ANY change in which affects my income and/or assets. I must report to the Housing Authority of the City of Pittsburgh **IN WRITING WITHIN 10 BUSINESS DAYS OF THE CHANGE.**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations here in constitutes an act of fraud.

\_\_\_\_\_  
Family member with Zero Income

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

**This statement is made subject to the penalties of Title 18, Section 4904 of the Pennsylvania Statutes. 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 or Agency of the U.S. or the Department of Housing and Urban Development.**