



NOTARIZED AFFIRMATION OF ZERO INCOME

I _____, affirm that I have no income at this time. When my income commences, I will immediately notify Davis Community Housing Authority. I understand that all income from all members of my household must be reported. I also understand that I must report any monetary items that are given to me as income.

The information I have provided is true and complete to the best of my knowledge.

(Each family member 18 years and older must complete a Zero Income form)

Print Name

Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. government, as to any matter within its jurisdiction. Misrepresentation of any information is grounds for ineligibility/termination of housing assistance.

State of Utah

The foregoing instrument was acknowledged before me this _____ day

of _____, 20_____ by _____.

Signature of Notary

Commission expires



Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals equal access to the services, programs, and activities the Housing Authority offers. Upon written request, the Housing Authority will provide reasonable accommodation to individuals with disabilities. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, or national origin in compliance with the Fair Housing Act.

**DAVIS COMMUNITY HOUSING AUTHORITY
PO BOX 328
FARMINGTON, UT 84025
(801)451-2587**

ZERO INCOME BUDGETING WORKSHEET

INCOME	EXPENSES
Adjusted monthly income from wages: \$ _____	Estimated monthly rent: \$ _____
Additional income from SS, SSI, AFDC, Pensions, etc: \$ _____	Estimated monthly utilities: Electric: \$ _____ Gas: \$ _____ Water/Trash: \$ _____
Additional income from family members/part time employment or occasional employment \$ _____	Additional Expenses to be considered: Car payments: \$ _____ Car insurance: \$ _____ Health insurance: \$ _____ Property insurance: \$ _____ Medical Bills: \$ _____ Food expenses: \$ _____ Educational expenses: \$ _____ Telephone: \$ _____ TV Cable: \$ _____ Childcare expenses: \$ _____
Other:	Other:
Other:	Other:
TOTAL INCOME \$ _____	TOTAL EXPENSES \$ _____

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

BALANCE: \$ _____

Based on this estimate, do you feel you will be able to afford to maintain the property,
other miscellaneous costs, and expenses that are not estimated above? Yes No

Signature (Name)

Date



DAVIS COMMUNITY HOUSING AUTHORITY

**SECTION 8 RENTAL ASSISTANCE
INCOME QUESTIONNAIRE**

Please answer each question and return to your housing specialist by the due date listed in the cover letter. Incomplete Questionnaires will not be accepted.

Client: _____

Address: _____

Phone Number: _____ Message Number: _____

Caseworker at DCHA: _____

1. If you were employed during the past 12 months, fill out the following information:
(Attach additional page if necessary)

a. Employer: _____ Salary: _____

Period of time employed: _____

b. Reason for leaving: _____

2. If you received benefits during the past 12 months, fill out the following information:

a. Benefits received from: _____ Amount: _____

(*see list of examples below, #4)

b. Period of time benefits were received: _____

c. Reason you are no longer receiving benefits: _____

3. Did you file federal / state income tax returns for the previous year? Yes No



4. Have you applied for any of the following benefits?
If Yes, state the results of your application for that benefit.

*A. TANF Yes No

*B. General Assistance (GA) Yes No

*C. Unemployment Compensation Yes No

*D. Social Security Yes No

*E. Supplemental Security Income (SSI) Yes No

*F. Alimony Yes No

*G. Child Support Yes No

*H. Education and Scholarship Stipends/Grants Yes No

*I. Other Public Assistance Yes No

*J Workmen's Compensation Yes No

*K. Military Pensions Yes No

L. Other _____ Yes No



5. Do you receive money / support from families or friends? Yes No
If Yes, amount received: _____ How often: _____

6. Are you looking for a job? Yes No
If marked No, please explain:

7. Do you have any of the following assets?
a. Checking / Savings account: Yes No Amount _____
b. Certificate of Deposit: Yes No Amount _____
c. Stocks / Bonds: Yes No Value _____
d. Property: Yes No Value _____
e. Other _____

8. Do any family members or friends live with you? Yes No
If Yes, who? _____

9. Do you own a car? Yes No
If Yes, how do you pay for registration fees, repairs, and gas?

10. Do you ride the bus? Yes No
If Yes, how do pay for bus fare?

11. Do you have any installment loans? Yes No
If Yes, how do you pay your monthly bill?

12. How do you obtain food?

If you receive food stamps, how do you pay for non-food items?



13. Do you have a phone (cell phone or home phone)? Yes No

If yes, how do you pay your monthly bill?

14. How do you pay for your utilities (i.e., electricity, gas, water, trash/sewer)?

15. How do you pay for cable television or satellite television?

16. How do you obtain medical care?

17. How do you obtain clothing?

18. Comments:

I certify that the information provided in this questionnaire is true and complete to the best of my knowledge.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT, AS TO ANY MATTER WITHIN ITS JURISDICTION. MISREPRESENTATION OF ANY INFORMATION IS GROUNDS FOR INELIGIBILITY / TERMINATION OF HOUSING ASSISTANCE.

Signature

Date

Print Name



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