



**Stark Metropolitan Housing Authority**

400 East Tuscarawas Street, Canton, Ohio 44702-1131  
Phone: (330) 454-8051 Fax: (330) 580-9000 Relay 1-800-750-0750

**SELF DECLARATION OF ZERO INCOME**

Name of household member over the age of 18 years claiming zero income \_\_\_\_\_

Social Security number \_\_\_\_\_

I, \_\_\_\_\_ certify that as of \_\_\_\_\_ (date last income source stopped); I have no source of income. I understand that I must report to SMHA all sources of income. I do hereby swear and attest that all of the information reported herein is true and correct. I also understand that any and all income for myself and any additional household members must be reported to the Stark Metropolitan Housing Authority within ten (10) calendar days of the change.

Signature of Household member \_\_\_\_\_

Date \_\_\_\_\_

Signature of SMHA Representative \_\_\_\_\_

Date \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the United States 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 United States.

Because you have reported to SMHA that you have zero (0) household income, you are required to report to SMHA what resources are available to meet your family's needs. This includes: money from wages, self-employment, child support, cash contributions, non-cash contributions, Social Security benefits, disability payments (SSI), Worker's Compensation, retirement benefits, AFDC OWF, Veteran's benefits, rental property income, stock dividends, income from any bank accounts, alimony, and any other sources of assistance.

**Failure to complete this section will result in no adjustment to your rent.**

1. Do you own a car?  yes  no Do you make car payments?  yes  no  
 What is your monthly payment amount? \_\_\_\_\_  
 How do you pay for gasoline? \_\_\_\_\_ Estimate amount you pay \$ \_\_\_\_\_  
 How do you pay for insurance? \_\_\_\_\_ Estimate amount of your bill \$ \_\_\_\_\_
2. Do you pay a portion of your rent?  yes  no How do you pay for this? \_\_\_\_\_
3. Are you paying for any utilities?  yes  no How much do you pay? \_\_\_\_\_  
 How do you pay for them? \_\_\_\_\_
4. Do you have a phone?  yes  no Is it a home phone or a cell phone?  home  cell  
 How do you pay for it? \_\_\_\_\_ Estimate amount of your service \$ \_\_\_\_\_
5. Do you have cable, digital, or satellite services?  yes  no How do you pay for it? \_\_\_\_\_  
 Estimate amount of your service \$ \_\_\_\_\_
6. Do you have a rental agreement for furniture, appliances, and electronics?  yes  no  
 What is your monthly payment amount? \_\_\_\_\_ How do you pay for it? \_\_\_\_\_
7. How do you purchase personal necessities such as soaps, toilet paper, cleaning supplies, etc.?  
 \_\_\_\_\_ Estimate value of items \$ \_\_\_\_\_
8. Do you have any credit card bills?  yes  no How do you make your monthly payments? \_\_\_\_\_

WHEN AND IF YOU BEGIN TO RECEIVE INCOME, YOU MUST CONTACT YOUR SECTION 8 REVIEWER IN WRITING AT THE ADDRESS ABOVE.