



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.