

## SELF DECLARATION OF ZERO INCOME

Head of Household

Social Security number

**As the Head of Household, I certify that as of \_\_\_\_\_ (date last income source stopped); my household currently has no source of income. I understand that I must report to SMHA all sources of income for all household members over the age of 18. 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.**

**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.

**SMHA cannot make an adjustment to your rent if ALL questions have not been answered**

1. 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 internet, 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 soaps, toilet paper, cleaning supplies, etc.? \_\_\_\_\_  
 Estimate value of items \$ \_\_\_\_\_
8. Do you make credit card payments? ☐ yes ☐ no Monthly payment amount? \$ \_\_\_\_\_
9. Does any other household member (over 18) currently have income? ☐ yes ☐ no  
 If yes, list household member: \_\_\_\_\_ Source of income: \_\_\_\_\_

Signature of Head of Household

Date

Signature of SMHA Representative

Date