



HOUSING AUTHORITY of the County of Butte

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

ZERO MONTHLY INCOME VERIFICATION

Applicant/Participant Name: _____

Month Reporting: _____

Income: Please answer the questions below. Each question pertains to you as well as all other members of your household.

For the following, explain yes answers below.

- 1. Has anyone applied for work?
2. Has anyone in your family started a job?
3. Has anyone in your family quit a job?
4. Is anyone in your family self-employed?
5. Is anyone in your family employed, either part-time or full-time?
6. Has anyone applied for any of the following?

- TANF, Social Security, SSI Disability, Unemployment Benefits, Workman's Compensation

7. Does anyone in your household receive any of the following?

- Food Stamps, TANF, Social Security, SSI Disability, Unemployment Benefits, Child Support, Alimony/Spousal Support, Workman's Compensation

- 8. Does anyone outside of your family pay any of your bills, or give you money?
9. Does anyone in your family receive any type of income or money from any person or outside source not mentioned above?

Explain all "yes" answers:

Three horizontal lines for explaining answers.

Continue on other side.



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The Housing Authority is an equal opportunity employer and housing provider.





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Expenses: Please answer the questions below. Each question pertains to you as well as all other members of your household. For the following, please provide the monthly amount for each and how it was paid. You will need to provide documentation of how/who paid each monthly expense.

Table with 4 columns: Expense Item, Monthly Amount, LAST DATE PAID, PAID BY WHOM. Rows include Rent, Electric, Gas, Water, Telephone, TV, Car Payments, Car Insurance, Gas for car, Health Ins., Household Supplies, Loan, Rentals, Furniture, Food, Credit Cards, Other expense.

I / We certify that I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs requirements and prohibitions. I / We understand that false statements or information are punishable under Federal Law. I / We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy.

Signature of Head of Household Date

Signature of Adult Member Date

WARNING: Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.



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