

DEEP EAST TEXAS COUNCIL OF GOVERNMENTS
210 Premier Drive, Jasper, Tx. 75951 / Phone 409-384-5704 / Fax 409-382-1572

Zero Income Worksheet
Verification of Cash & Non-Cash Contributions

Name _____ # of Family Members _____

Address _____

Instructions: This worksheet is to be completed for all families who report no income or situations where determining annual income is too difficult under ordinary circumstances. The form may be used prior to admission to or for re-certification for any housing program administered by the Deep East Texas Council of Governments of Governments Regional Housing Agency. The form uses data from the Internal Revenue Service's (IRS) Collection Financial Standards and provides allowances for food, clothing and other items, known as the National Standards. These standards are used to provide individuals with reasonable amounts for allowances for five necessary expenses: food, housekeeping supplies, apparel and services, personal care products and services, and miscellaneous. For purposes of determining annual income for families reporting no income or situations where determining annual income is too difficult under ordinary circumstances, the housing department will use these amounts. Actual cost will be used for utilities and transportation cost then the amounts will be annualized.

LIVING EXPENSE ITEMS	AMOUNTS
Apparel & Services: This amount represents the average monthly cost of clothing, shoes, etc.	
Food Expenses: This amount represents the average monthly cost of grocery for the family. Is the family receiving food stamps? Y N If yes, what is the monthly amount? _____ and enter \$0 in the amount column.	
Housekeeping/Supplies: This amount represents the average monthly cost of household goods and cleaning supplies such as paper napkins, toilet paper, paper towels, trash bags, laundry detergent etc.	
Miscellaneous: This amount represents the average monthly cost of all other living expenses that do not fall within the categories of food, housekeeping, personal care, transportation, and utilities.	
Personal Care Products & Services: This amount represents the average monthly cost of personal grooming products such as soap, deodorant, shampoo, toothbrushes, toothpaste, barber shop visits, etc.	
Transportation: Does the family own a car? Y N If yes, are there still payments due on the car? Y N If yes, what is the amount of the monthly car payment? \$_____. If the family owns a car outright (no payments due), what are the average monthly amounts the family pays for the following: Gas \$_____, Maintenance \$_____, Insurance \$_____	
Utilities: Families must account for how they going to pay utilities that they are responsible for under the lease. Place a check mark next to all utilities the family is responsible for under the lease and the average monthly amount of the service. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Electric _____ Gas _____ Sewer _____ </div> <div style="width: 45%;"> Trash _____ Water _____ </div> </div>	
PHA USE ONLY:	
TOTAL OF ALL LIVING EXPENSE ITEMS	
TOTAL ANNUAL INCOME (TOTAL LIVING EXPENSE * 12)	

Signature of Head _____ Date _____

HA Representative _____ Date _____

WARNING! TITLE 18, SECTION 1001 IF THE UNITED STATE CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWING MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES