

**ATTACHMENT 6-B
ZERO INCOME VERIFICATION CHECKLIST**

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
FOOD	Yes No			
		Food Stamps		
		WIC		
		Food Bank		
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
SHELTER COSTS				
Housing	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
Electricity	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
Gas	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
Water	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
CLEANING/GROOMING	Yes No	In kind Donation	Yes No	
		Cash Contribution	Yes No	
		Other	Yes No	
TRANSPORTATION	Yes No			
		In kind Donation	Yes No	
		Cash Contribution	Yes No	
		Other	Yes No	
Automobile Payment	Yes No			

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
		In kind Donation	Yes No	
		Cash Contribution	Yes No	
		Other	Yes No	
Automobile Insurance	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Gas	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Automobile Maintenance	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
ENTERTAINMENT	Yes No			
Cable/Satellite		Cash Contribution	Yes No	
		Other	Yes No	
Video Rentals	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Sporting Events	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Other Entertainment	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
CLOTHING EXPENSES				
Clothes/Shoes	Yes No	Cash Contributions	Yes No	
		In Kind Donations		
		Other	Yes No	
Laundry	Yes No			
		Cash Contributions	Yes No	

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
		In Kind Donations	Yes No	
		Other	Yes No	
COMMUNICATIONS				
Telephone	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
Cellular Telephone	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
Pager/Beeper	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
Internet	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
MEDICAL EXPENSES				
		Cash Contributions		
		Other		
MISCELLANEOUS EXPENSES				
Non-reimbursable Education	Yes No		Yes No	
Non-reimbursable Childcare	Yes No		Yes No	
Non-reimbursable Job Expenses	Yes No		Yes No	

(A) BENEFIT SOURCE	(B) ELIGIBLE {If yes, Col. C}		(C) APPLIED {If yes, Col. D}		
			SOCIAL SECURITY	Yes No	Yes No
			UNEMPLOYMENT	Yes No	Yes No
			HEALTH AND WELFARE	Yes No	Yes No
			VETERANS ADMINISTRATION	Yes No	Yes No
			OTHER	Yes No	Yes No

Attach receipts, applications and other documentation to the completed checklist and retain in application or tenant file.

Signature

Date

Signature

Date

Signature

Date

Signature

Date