

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

**Part I:**

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

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

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

**Part II**

(A) BENEFIT SOURCE	(B) ELIGIBLE {If yes, Col. C}	(C) APPLIED {If yes, Col. D}	(D) STATUS
SOCIAL SECURITY	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UNEMPLOYMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HEALTH AND WELFARE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VETERANS ADMINISTRATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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