## ATTACHMENT 6-B ZERO INCOME VERIFICATION CHECKLIST

## Part I:

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

(A)	(B)	(C)	(D)	<b>(E)</b>
EXPENSE	RECURRING	PAYMENT	EXEMPT	AMOUNT
	EXPENSE?	SOURCE	{If no, Col. E}	
		Cash	Yes No	
		Contribution		
		Other	Yes No	
Automobile Payment	Yes No			ı
		In kind	Yes No	
		Donation		
		Cash	Yes No	
		Contribution Other	Yes No	
Automobile Insurance	Yes No	Other	resno	
Automobile ilisurance		Cash	Yes No	
		Contribution		
		Other	Yes No	
Gas	Yes No	Other	16510	
Gub	105	Cash	Yes No	
		Contribution		
		Other	Yes No	
Automobile Maintenance	Yes No			
		Cash	Yes No	
		Contribution		
		Other	Yes No	
ENTERTAINMENT	Yes No			
Cable/Satellite		Cash	Yes No	
		Contribution		
		Other	Yes No	
Video Rentals/Streaming	Yes No			
		Cash	Yes No	
		Contribution	NT NT	
Constitue Execute	Vac Na	Other	Yes No	
Sporting Events	Yes No	Cash	Yes No	
		Contribution		
		Other	Yes No	
Other Entertainment	Yes No	Other	105	
C MOI Entertainment	105	Cash	Yes No	
		Contribution		
		Other	Yes No	
CLOTHING EXPENSES				· 
Clothes/Shoes	Yes No	Cash	Yes No	
		Contributions		
		In Kind		
		Donations		

(A)	(B)	(C)	(D)	<b>(E)</b>
EXPENSE	RECURRING	PAYMENT	EXEMPT	AMOUNT
	EXPENSE?	SOURCE	{If no, Col. E}	
		Other	Yes No	
Laundry	Yes No			
		Cash	Yes No	
		Contributions		
		In Kind	Yes No	
		Donations		
COMMINICATIONS		Other	Yes No	
COMMUNICATIONS				
Telephone	Yes No	C 1	NI NI	
		Cash Contributions	Yes No	
		In Kind	Yes No	
		Donations		
		Other	Yes No	
Cellular Telephone	Yes No	Other		
Central Telephone		Cash	Yes No	
		Contributions		
		In Kind	Yes No	
		Donations		
		Other	Yes No	
Pager/Beeper	Yes No			
		Cash	Yes No	
		Contributions		
		In Kind	Yes No	
		Donations		
		Other	Yes No	
Internet	Yes No			
		Cash	Yes No	
		Contributions		
		In Kind	Yes No	
		Donations		
Macel I Alicolia Evidenaca		Other	Yes No	
MISCELLANEOUS EXPENSES	NT.		NI.	
Non-reimbursable Education	Yes No		Yes No	
Non-reimbursable Childcare	Yes No		Yes No	
Non-tempuisable Childcare	ICSINO		I I I ES I INO	
Non reimburgable Joh Evnenges	Yes No		Yes No	
Non-reimbursable Job Expenses	I I I ES I INO		I I I ES I INO	

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## Part II

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

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