

Ocala Housing Authority
Application for Continuing Eligibility
PUBLIC HOUSING

Head of Household (H of H)		Date of Birth	Social Security Number
Marital Status <input type="checkbox"/> Married Date Married _____ Spouse's name _____ <input type="checkbox"/> Separated Separation Date _____ Spouse's name _____ Is it a legal separation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Divorced Date Divorced _____ Spouse's or Ex Spouse's Name _____ Must provide a copy of divorce decree, marriage license and/or separation agreement			
Home Telephone Number		Work Number	Message Telephone Number
Physical Address		Mailing Address or PO Box	
Name of nearest relative or friend not living with you		Address	Phone Number
Drivers License Number		Email address	
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants			
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Do you or anyone in your household receive Food Stamps? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ (Receiving Food Stamps DOES NOT increase your portion of rent)			
Name of Employer or Source of Income		Date Employment Began	
Address of Employer		Phone Number of Employer	
Drivers License Number			
Spouse/Co Head		Social Security Number	
Income <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$	
Name of Employer			
Address of Employer		Phone Number of Employer	
LIST ALL OTHER FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD			

(If additional space is needed please attach all information for additional family members)

1. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
--------------	-----	-----	---------------	------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
------------------------------	---------------------	--------------

Is this family member a full time student?	Name of school
--	----------------

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
------------------------------------	---------------------------

2. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
--------------	-----	-----	---------------	------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
------------------------------	---------------------	--------------

Is this family member a full time student?	Name of school
--	----------------

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
------------------------------------	---------------------------

3. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
--------------	-----	-----	---------------	------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment, Unemployment Family Contribution, Other Assets School Grants\

Employer or source of income	Address of Employer	Phone Number
------------------------------	---------------------	--------------

Is this family member a full time student?	Name of school
--	----------------

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)

(If additional space is needed please attach a separate sheet with all information for additional family members)

4. Name				
Relationship	Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
Employer or source of income		Address of Employer		Phone Number
Is this family member a full time student?			Name of school	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)			Child Support Case Number	
5. Name				
Relationship	Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
Employer or source of income		Address of Employer		Phone Number
Is this family member a full time student?			Name of school	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)			Child Support Case Number	
6. Name				
Relationship	Sex	Age	Date of Birth	Social Security Number
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants				
Name of Employer or source of income		Address of Employer		Phone Number
Is this family member a full time student?			Name of school	
Has this child tested positive for elevated blood levels for lead paint poisoning?				
Name(s) of non-custodial parent(s)			Child Support Case Number	
CHILDCARE INFORMATION				

Do you pay for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount paid for childcare \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Are you reimbursed childcare expenses from an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of Daycare facility:	
Telephone #	
CHILD SUPPORT INFORMATION	
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child support court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of child(ren) you receive child support for:	
Amount of child support \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
ALIMONY INFORMATION	
Do you or any of your family members receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the alimony court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ASSET INFORMATION and ADDITIONAL INCOME INFORMATION	
Do you or any household member have a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Financial Institution	
Address of Financial Institution	
Checking/Savings Account Number	Checking/Savings Account Balance
Life Insurance Policy Yes No	Cash Value
Company Name	
Do you or any of your family members own any of the following:	
Interest in Real Estate, Property or Land <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stocks or Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dividends or Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust Funds or Money Market Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement Account (401, Keogh, IRA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inheritance, Lump Sum Payments <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special pay to a family member in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain	
Are you or any of your family members receiving income from your participation in a State or local employment training program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____	
Are you or any of your family members receiving any financial assistance paid to you or to an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____	

Are you or any of your family members receiving income from a HUD funded program?
 Yes No If yes, name _____

Are you or any of your family members receiving resident service stipend?
 Yes No If yes, name _____

Are you or any of your family members receiving adoption subsidy or payments for the care of foster children or foster adults? Yes No If yes, name _____

Is the Head of Household or any member of the household subject to a lifetime state sex offender registration program? _____
 If yes who _____
 Where _____ When _____

Have you or any other family member used any other names previously? Yes No If yes, please list all former names and respective dates used. _____

Warning: Section 1001 of title 18 of the United State code makes it a Criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matters within its jurisdiction.

Signature of Head of Household *Date*

Signature of Spouse/Co-Head *Date*



**Authorization for the Release of Information/
Privacy Act Notice**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA).

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Ocala Housing Authority
1629 NW 4th Street
PO Box 2468
Ocala, FL 34478-2468

HA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

XX

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Sources of Information to be Obtained: HUD is required to protect income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees will be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Ocala Housing Authority

1629 NW 4th Street
P.O. Box 2468
Ocala, Florida 34478-2468

Telephone: 352-369-2636
Fax: 352-369-2642
TDD 1-800-545-1833 ext.507

AUTHORIZATION TO RELEASE INFORMATION

The Ocala Housing Authority is required by federal regulations to verify the income and credit of all family members applying for admission or participating in our rental programs. To comply with this requirement, we ask your cooperation in providing the information requested regarding the referenced family member(s). This information is used only in determining eligibility status and the family's portion of rent.

Your prompt return of the attached Income Verification form is greatly appreciated. For your convenience I have enclosed a self-addressed stamped envelope. Should you have any questions, you may contact our office at the above number.

AUTHORIZED TO RELEASE INFORMATION

I hereby authorize the release of the requested information by the following applicable agencies and/or person: Employer, Social Security Administration, Child Support Payer, Department of Children and Families, Child Care Provider, and Credit Bureau.

I hereby authorize the release of a criminal background check to the Ocala Housing Authority on my behalf and for anyone in my household who is 18 years of age or older and who has also signed this release form.

I also authorize the Ocala Housing Authority to request and obtain from the Internal Revenue Services regarding my unearned and earned income (i.e., W-2 wages, interest, social security and dividends). This disclosure is needed to verify the accuracy of the information which I have provided to this agency. This consent form authorizes release of this information for my account for the last three (3) tax years, and will be sufficient to use in lieu of my signature on IRS Form 4506.

This consent form expires five (5) years after the date of signature.

NAME OF FAMILY MEMBERS

List the name and social security number for each family member.

Head of Household _____, ss# _____-____-____
Co-Head: _____, ss# _____-____-____
Other Adult: _____, ss# _____-____-____
Dependent: _____, ss# _____-____-____
Dependent: _____, ss# _____-____-____
Dependent: _____, ss# _____-____-____
Dependent: _____, ss# _____-____-____

Signature of Head of Household _____

_____ Date

Signature of Co-Head _____

_____ Date

Signature of Other Adult _____

_____ Date

Signature of Other Adult _____

_____ Date



Equal Opportunity Employer/Equal Opportunity Housing

revised 3/13

OCALA HOUSING AUTHORITY

FRAUD STATEMENT

Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or a resident, knowingly gives the Ocala Housing Authority (OHA) false information about your income, or fail to report changes in your family composition (family size) or income, in writing within thirty (30) days of the change, to your Section 8 Housing Counselor (Section 8 Program) or your Public Housing Manager (Public Housing), or failure to report to the Ocala Housing Authority representative for any programs administered by the Ocala Housing Authority, your assistance will be terminated and you may be charged with fraud under Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the OHA, you receive any rental assistance or lower rent to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN FINE IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR THIS AGENCY'S HOUSING PROGRAM.

I have read the above statement or had it read or explained to me. I also understand the consequences of not correctly reporting my income, household size, or any other requirement of the Ocala Housing Authority.

_____ <u>Signature of Head of Household</u>	_____ <u>Date</u>
_____ <u>Signature of Co-Head</u>	_____ <u>Date</u>
_____ <u>Signature of Other Adult</u>	_____ <u>Date</u>
_____ <u>Signature of OHA Representative</u>	_____ <u>Date</u>

EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING

**Ocala Housing Authority
Privacy Act Notice**

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide.

This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members, age six years and older, have and use. Giving the Social Security Numbers of all household members age six years and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Signatures:

Initial: I received a copy of the
Privacy Act Notice

Head of Household

Date

Family Member 18 yrs. and older

Date

Family Member 18 yrs. and older

Date

Family Member 18 yrs. and older

Date

Family Member 18 yrs. and older

Date

Ocala Housing Authority
Zero Income Statement for Public Housing

FOR OHA USE ONLY

Tenant Number _____ Counselor _____

Current Rent/ UA _____ Current effective date _____

Indicate amount of monthly bill and sources of payment for applicable bill.

Utilities:

Electric _____

TECO _____

Water/Sewer/Trash removal _____

Necessities:

Groceries _____

Diapers _____

Personal Items _____

Hair _____

Nails _____

Entertainment

Telephone _____

Cell Phone _____

Cable/Satellite _____

Car Payment _____

Gas _____

Car Insurance _____

I/ we certify that I/we have given true, complete and accurate information regarding our income. I/we also understand I/we **must** report all changes in income or family composition within ten (10) days from the date of change. Failure to report changes or falsely reporting income is considered fraud. Fraud is punishable under State and Federal law.

Signature _____

Date _____

Signature _____

Date _____

Warning: Section 1001 of title 18 of the United State code makes it a Criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matters within its jurisdiction.

Ocala Housing Authority

REGULAR CONTRIBUTION OR GIFTS AFFIDAVIT

The persons signing this document do so under his/her own free will acknowledging that they contribute/receive \$_____ per month for the next twelve months. I further confirm that I have read and understand the statement below and its relevance to the information contained herein. In addition, I fully understand the ramification of any false statements and can be contacted for further verifications.

Participant Name: _____

Address: _____ City/State: _____

Phone: _____

Person Giving Contribution Name: _____

Address: _____ City/State: _____

Phone _____

WARNING: 18 USC. 10011 PROVIDED, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKE OR USE A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICITIOUS, OR FRAUDULENT STATEMENT OR ENTRY, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.

PARTICIPANT SIGNATURE
_____ Personally Known to Me

DATE
_____ Produced A Current Photo ID

PERSON GIVING CONTRIBUTION SIGNATURE
_____ Personally Known to Me

DATE
_____ Produced A Current Photo ID

STATE OF FLORIDA
COUNTY OF MARION
Subscribed and sworn before me this _____ day of _____, _____ a Notary Public in and for the State of Florida.

Notary Public State of Florida at Large

My Commission expires: _____



Ocala Housing Authority
1629 NW 4th Street
PO Box 2468
Ocala, FL 34478-2468
Telephone: (352) 369-2636
TDD: 1 (800)545-1833 ext. 507
Fax: (352) 369-2642

Certification of Zero Income

I, _____, hereby certify that I am, at this time, unemployed and that I have **NO INCOME** of any kind, from any source whatsoever.

In the event that there is a change in my income, I understand that I **MUST** immediately notify the Ocala Housing Authority and provide complete information about my total family income.

I further understand that my failure to report all changes in family income and family composition within ten (10) business days from the date of change constitutes a violation of my lease and may result in the termination of my lease.

I have been informed that during the time that my income is zero, I am required to report to the Ocala Housing Authority every month to complete and interim re-certification.

Name: _____

Address: _____

City, State, Zip Code: _____

Phone number or message number: _____

Signature

Date

Warning: Section 1001 of title 18 of the United State code makes it a Criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matters within its jurisdiction.

Equal Opportunity Employer/Equal Opportunity Housing

Zero Income/Minimal Income Worksheet

Family Name: _____

Date: _____

FOOD EXPENSES

	YES	NO	AMOUNT
Do you receive foodstamps?			
Monthly value of foodstamps?			\$
If no, what is your estimated weekly grocery bill?			\$
How is the grocery bill paid?			
If you don't pay the grocery bill, who does?			
What is the average weekly amount the person(s) contribute to the grocery bill?			\$
Does anyone contribute groceries or prepared food to the family?			
If yes, what is the average value of the groceries or prepared food?			\$

CLEANING, GROOMING, PAPER PRODUCTS EXPENSES

	YES	NO	AMOUNT
Weekly value of paper products used by the family? (diapers, toilet paper, trash bags, other paper goods)			\$
How does the family pay for these products?			
If you don't pay for these products, who does?			
What is the average weekly value of cash contributions for paper products?			\$
What is the weekly value of grooming products and services used by family? Include soap, deodorant, shampoo, tooth products, cosmetics, hair color, barber, beautician services, etc.			\$
How does the family pay for the cost of grooming products and services?			
If someone outside of the household contributes to grooming products, who contributes?			
What is the average weekly value of contributions (cash or products) for products?			\$
What is the weekly value of cleaning products used by the family? (dishwashing soap, laundry detergent, cleaning products)			\$
How does family pay for cleaning products?			
If someone outside of the household contributes to cleaning products, who contributes?			
What is the average weekly value of cash contributions for cleaning products?			\$

TRANSPORTATION EXPENSES

	YES	NO	AMOUNT
Does the family have a car(s)?			
If yes, are there still payments due on the car(s)?			
If yes, what is the amount of the monthly car payment(s)?			\$
How does the family make the car payments?			

Zero Income/Minimal Income Worksheet

Family Name: _____

Date: _____

How does the family pay for clothes cleaning?			
If someone outside of the household contributes to the cost of cleaning the clothing, who contributes?			
What is the average monthly contribution in cash or direct cleaning services?			\$

SMOKING EXPENSES	YES	NO	AMOUNT
Does anyone in the household smoke cigarettes/cigars/pipe?			
If yes, how many packs of cigarettes are smoked per day?			
How does the family pay for the cost of the cigarettes/cigars/pipe?			
How much does the family pay for the cost of cigarettes/cigars/pipes?			\$
If someone outside of the household contributes to the cost, who does?			
What is the average monthly contribution (in cash, cigarettes or cigars)?			\$

COMMUNICATION EXPENSES	YES	NO	AMOUNT
Does the family have a telephone?			
Does the family have any special telephone services? (call waiting, call forwarding, caller ID, etc)			
Does anyone in the family have a cell phone?			
What is the average monthly cost for telephone service?			\$
How does the family pay for the cost of telephone services?			
If someone outside of the household contributes to the cost, who is it?			
What is their average monthly contribution in cash or direct payment for telephone service?			\$

Does the family have an internet connection?			
If yes, who is the internet provider?			
What is the monthly cost of the internet connection?			\$
How does the family pay for the internet connection?			
If someone outside of the household contributes to the cost, who is it?			
What is the average monthly contribution in cash or direct payment to the internet provider?			\$

SHELTER EXPENSES	YES	NO	AMOUNT
For applicants*			

Zero Income/Minimal Income Worksheet

Family Name: _____

Date: _____

Head of Household signature: _____

Date: _____

Co-Head/Spouse signature: _____

Date: _____

Other Adult signature: _____

Date: _____

Other Adult signature: _____

Date: _____

SUMMARY

Food Expense	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL
Cleaning	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL
Transportation	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL
Entertainment	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL
Clothing	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL
Smoking	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL
Communication	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL
Shelter	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL
Medical	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL
Miscellaneous	Family contribution	wkly:	mo:	TOTAL
No. weeks/months being counted?	Other source contribution	wkly:	mo:	TOTAL

ANNUAL INCOME

\$ _____