Housing Authority of the City of Orange

Walter D. McNeil, Jr., Ph.D.
Executive Director

340 Thomas Boulevard
Orange, New Jersey 07050
Phone: 973-675-1250 | Fax: 973-675-6843

CERTIFICATION OF ZERO INCOME

(Household Member Reporting Zero Income Must Complete, Sign, and Return Form**)**

Head of Household Name: _____ SS# Last 4 Digits: _____

Assisted Unit Address: _____

Household Member Reporting Zero Income: _____

Questionnaire

A. Within the next 12 months, will you receive income from any of the following sources?

__ Yes __ No Wages, bonus, commission, tips, etc.
__ Yes __ No Unemployment Benefits
__ Yes __ No Disability Payments
__ Yes __ No Alimony
__ Yes __ No Child Support
__ Yes __ No Social Security
__ Yes __ No Self Employment
__ Yes __ No Annuities, insurance policies, stocks, etc.
__ Yes __ No Pensions, IRA, 401K
__ Yes __ No Income from rental property
__ Yes __ No Direct Sales Consulting, such as Mary Kay, Tupperware, Pampered Chef, etc.
__ Yes __ No Work for cash (babysitting, lawncare, etc.)
__ Yes __ No Help with paying bills or other expenses, or regular gifts of money from family or friends who do not live with you (including online donations such as GoFundMe or through a local bank.

B. Mark the ONE statement that applies to you:

___ I do not expect to have any source of income in the next 12 months.
___ I have been hired for a new job, or I will be receiving another source of income soon. I will give you more information for verification purposes.

C. If you have circled (N) for source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following: (write N/A if the cost does not apply to your household**)**

Rent and Utilities (**including garage rent, if applicable**): _____
Food: _____
Cell phone, Home phone, TV (cable, dish, satellite and or internet): _____
Medical & Dental Care/ Medications & Prescriptions: _____
Vehicle expense (**car payments, insurance, fuel, etc.):** _____
Payments on other expenses not listed above: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representation constitutes an act of fraud. False, misleading, or incomplete information may result in termination of assistance. I understand that I may be required to periodically update this information as requested by the Housing Authority of the City of Orange.

Signature of Applicant/Tenant: _____ Date: _____

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ZERO INCOME QUESTIONNAIRE
Must be submitted with the completed Certification of Zero Income Form

Housing Choice Voucher (HCV) Program

This form must be completed by **all adult household members** reporting **zero income** at admission, annual recertification, or interim reexamination. The information provided will be used to determine eligibility and calculate Housing Assistance Payments (HAP) in accordance with **HUD and OHA policy**.

PARTICIPANT INFORMATION

Head of Household Name: _____ SS# Last 4 Digits: _____
Assisted Unit Address: _____

Household Adult Member Reporting Zero Income: _____

SECTION I – INCOME DECLARATION

Are you currently employed in any capacity (including part-time, seasonal, temporary, informal, or cash employment)?
☐ Yes ☐ No

If yes, explain: _____

Have you received income from any source in the past 12 months, including but not limited to:

☐ Wages / Salary
☐ Self-Employment / Gig / Cash Income
☐ Unemployment Benefits
☐ SSI / SSDI
☐ Pension / Retirement
☐ TANF / GA / State or County Assistance
☐ Child Support / Alimony
☐ Regular financial assistance from family or friends
☐ Roomer or boarder income
☐ Lump-sum payments (insurance, settlements, inheritances)
☐ Other (explain): _____

If **any** item is checked, explain the source, amount, and dates received:
_____
_____
_____

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SECTION II – MEANS OF SUPPORT

How are you currently meeting your basic living needs (food, clothing, transportation, personal items)?

- ☐ SNAP (Food Stamps)
- ☐ Medicaid / NJ Family Care
- ☐ Assistance from family or friends
- ☐ Charitable or community organizations
- ☐ Savings or assets
- ☐ Other (explain): _____

Does anyone provide **regular or ongoing financial assistance** to you or your household?
☐ Yes ☐ No

If yes, complete below:

Name: _____ **Relationship:** _____
Type of Assistance: ☐ Cash ☐ Direct payment of bills ☐ Other _____
Amount: $_____
Frequency: ☐ Weekly ☐ Monthly ☐ Occasional

SECTION III – ASSETS AND FINANCIAL ACCOUNTS

5. Do you have any checking, savings, prepaid debit cards, or financial accounts, including: Cash App, Zelle, Venmo, PayPal, Chime, NetSpend, or similar platforms?
   ☐ Yes ☐ No

If yes, list **all accounts and current balances**: _____

SECTION IV – EXPECTED CHANGES IN INCOME

Do you expect to begin employment, receive benefits, or otherwise obtain income within the next **90 days**?
☐ Yes ☐ No

If yes, explain the anticipated source and start date: _____

SECTION V – PARTICIPANT CERTIFICATION

I certify under penalty of perjury that the information provided on this form is **true, accurate, and complete** to the best of my knowledge.

I understand that:

1. I am required to report **any change in income or household circumstances within 10 calendar days** of the change.
2. Failure to report income timely may result in **overpayment**, **repayment of subsidy**, and/or **termination of assistance**.
3. Providing false or incomplete information is a violation of **HUD Family Obligations under 24 CFR § 982.551**.

Participant Signature: _____ Date: _____