



Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

513.732.6010 | Fax 513.732.6520

www.clermontmha.org

SELF DECLARATION OF ZERO (\$0) INCOME (ONLY FILL OUT IF HOUSEHOLD REPORTED ZERO INCOME)

Because you have reported zero (\$0) household income, Clermont Metropolitan Housing Authority (CMHA) is required to see what resources, *if any*, are being used to meet the family's current needs. Please note: CMHA **may not** make an adjustment to your rent until ALL questions have been answered.

Print Head of Household Full Name _____

Last 4 of Head of Household's SSN _____

1. When did your household income become zero (\$0) income? _____
2. Does your family have car payment(s)? yes no **How much is paid monthly?** _____
How does your family pay for gasoline? _____ **Estimated monthly amount \$** _____
How does your family pay for insurance? _____ **Estimated monthly amount \$** _____
How does your family pay for maintenance/tires? _____ **Estimated monthly amount \$** _____
If the family does not own a car, what is used for transportation? _____
How does your family pay for transportation? _____ **Estimated monthly amount \$** _____
3. Does your family pay a portion of the rent? yes no **How much is paid monthly?** _____
How does your family pay for this? _____
4. Does your family pay for any utilities? yes no **Estimated monthly amount \$** _____
How does your family pay for this? _____
5. Does your family have a home phone or a cell phone? yes no Which? home cell both
How does your family pay for this? _____ **How much is paid monthly?** _____
6. Does your family have internet, cable, digital, or satellite services? yes no
How does your family pay for this? _____
_____ **How much is paid monthly?** _____
7. Does your family have any rental agreements for furniture, appliances, and electronics? yes no
How does your family pay for this? _____
_____ **How much is paid monthly?** _____
8. How does your family purchase toiletries, paper products, cleaning supplies, laundry costs, etc.?
How does your family pay for these purchases and services? _____
_____ **Estimated monthly amount \$** _____



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9. Does your family have credit card payments? yes no

How does your family pay for these? _____ **How much is paid monthly?** _____

10. Does your family own any pets? yes no

If yes, how does your family pay for the expenses associated with owning a pet (food, vet bills, etc)?

_____ **Estimated monthly amount \$** _____

11. Does your family have entertainment expenses? yes no

If yes, how does your family pay for the expenses associated with entertainment (Amazon, Hulu, Netflix, vacations, church tithes, vape/cigarettes, alcohol, etc)? _____

_____ **How much is paid monthly?** _____

12. How does your family pay for shoes and clothing? _____

_____ **Estimated monthly amount \$** _____

13. Does any household member currently have income? yes no

If yes, list household member: _____ Source of income: _____

If yes, list household member: _____ Source of income: _____

If yes, list household member: _____ Source of income: _____

By signing below, I/we are agreeing that I/we **must** report to CMHA all sources of income for all household members in writing within thirty (30) calendar days. I/we understand my family **must** complete this Questionnaire whenever requested by CMHA for as long as my household income remains at \$0. I/we certify the above information to be correct and any misrepresentation of household income may result in termination of my/our assistance and/or lease, as permitted by Federal Regulations and/or State and Local law.

Signature of Head of Household

Date

Signature of Spouse/Cohead/Other Adult

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).