

**Susanville Indian Rancheria Housing Authority  
ZERO INCOME QUESTIONNAIRE**

Participant Name \_\_\_\_\_

Head of Household \_\_\_\_\_

**EMPLOYMENT**

1. **Have you been employed in the past 12 months?**

Yes

No

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employed From: \_\_\_\_\_

To: \_\_\_\_\_

Rate: \_\_\_\_\_

Per: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. **Are you looking for a job?**

Yes

No

If not, explain why not: \_\_\_\_\_

3. **Have you filed a Federal or State Tax Return for the previous year?**

Yes

No

**BENEFITS**

4. **Have you applied for or received benefits in the past 12 months?**

Yes

No

If Yes, complete the table below:

Applied	Receive	Benefits	If Received		
			Monthly Amount	Start Date	End Date
<input type="checkbox"/>	<input type="checkbox"/>	Alimony or other maintenance type of support			
<input type="checkbox"/>	<input type="checkbox"/>	Child Support			
<input type="checkbox"/>	<input type="checkbox"/>	Education Grants / Scholarships / Stipends			
<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps			
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance (GA)			
<input type="checkbox"/>	<input type="checkbox"/>	Other Public Assistance			
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability			
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)			
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance to Needy Families (TANF)			
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation			
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits (Including Education)			
<input type="checkbox"/>	<input type="checkbox"/>	Workers Compensation			
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)			

**If benefits have been terminated, please give reason why:**

**Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Misrepresentation of any information is grounds for ineligibility or termination of housing assistance.**

**Susanville Indian Rancheria Housing Authority  
ZERO INCOME QUESTIONNAIRE (continued)**

**OTHER INCOME**

5. **Do you receive money/support from family or friends or any other source?**  Yes  No  
 If Yes: Amount: \$ \_\_\_\_\_ How Often? \_\_\_\_\_

**OBLIGATIONS**

6. **Do any family members live with you?**  Yes  No  
 If Yes, who? \_\_\_\_\_
7. **Does your apartment include utilities?**  Yes  No  
 If No, how do you pay your utility bill? \_\_\_\_\_
8. **Do you have a phone?**  Yes  No  
 If Yes, how do you pay the bill? \_\_\_\_\_
9. **Do you own a car?**  Yes  No  
 If Yes, how do you pay for gas, insurance, repairs, etc? \_\_\_\_\_
10. **Do you have any installment loans?**  Yes  No  
 If Yes, how do you make the payments? \_\_\_\_\_
11. **How do you obtain food?** \_\_\_\_\_  
 If you have food stamps, how do you pay for non-food items? \_\_\_\_\_
12. **How do you obtain medical care?** \_\_\_\_\_
13. **How do you obtain clothing?** \_\_\_\_\_

**ASSETS**

14. <b>Do you have any of the following?</b>	Yes	No	Amount	Name of Bank	Account Number
Checking / Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Stocks / Bonds	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Property	<input type="checkbox"/>	<input type="checkbox"/>	\$		

15. **Additional Comments:** \_\_\_\_\_

**I certify that the information provided is accurate and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Occupancy Specialist

\_\_\_\_\_  
Date

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