GAINESVILLE Housing Authority
Where Housing Matters

P 352.872.5500
F 352.872.5501
TDD 352.872.5503

1900 SE 4th Street
Gainesville, Florida 32641

Pamela Davis, *Chief Executive Officer*

GainesvilleHousingAuthority.org

TENANT ID # : _____

TENANT NAME : _____

Gainesville Housing Authority Zero /Low Income Worksheet and Affidavit

NOTE: ALL adult household members 18 and older must complete this form if you are claiming zero income.

1. Food Expenses

Is the family receiving Food Stamps? ___ No ___ Yes

Amount per month: $_____

If No, monthly food cost: $_____

How does the family pay for food? _____

2. Household Grooming / Personal Hygiene Expenses

Monthly cost for grooming/personal hygiene (ex. Soap, shampoo/conditioner, toothbrush, etc): $_____

How does the family pay for these products/services? _____

Monthly value of paper products (ex. Toilet paper, paper towels, wipes, etc): $_____

How does the family pay for these products? _____

Monthly value of cleaning products (ex. Detergent, dish soap, etc): $_____

How does the family pay for cleaning products? _____

3. Transportation Expenses

Does the family own a car? ___ No ___ Yes

If Yes, car payment amount per month: $_____

Gas: $_____ Maintenance: $_____ Insurance: $_____

How does the family pay for transportation costs? _____

If no vehicle, what transportation is used? _____

Monthly transportation cost: $_____

How does the family pay for transportation costs? _____

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4. Clothing Expenses

Average monthly cost for clothing and/or shoes: $_____

How does the family pay for these items? _____

5. Smoking / Vaping Expenses

Does anyone in the household smoke/vape? ___ No ___ Yes

Amount per month: $_____

How does the household pay for this cost? _____

6. Communication Expenses

Does the household have home or cell phone service? ___ No ___ Yes

Amount per month: $_____

How does the family pay for these services? _____

7. Medical Expenses

Unreimbursed medical expenses? ___ No ___ Yes

Amount per month: $_____

How does the family pay for these expenses? _____

8. Utility Expenses

Average monthly utilities (water, sewer, trash, electric): $_____

How does the family pay for utilities? _____

9. Entertainment Expenses

Does the family have Cable TV, streaming services, gaming services, or internet? ___ No ___ Yes

Amount per month: $_____

How does the family pay for this service? _____

Monthly cost for other entertainment (books, movies, gaming, beverages, etc.): _____

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10. Miscellaneous Expenses

Church contributions: $_____

Unreimbursed education expenses: $_____

Child care expenses: $_____

Job-related expenses: $_____

Pet expenses: $_____

Other: _____ $_____

How does the family pay for these expenses? _____

If you as an applicant or program participant, knowingly give the Gainesville Housing Authority false information about your income, or fail to report changes in your family household or income in person **within 10 business days of a change** you may be charged with fraud under Chapter 409.325 and/or Section 1001 of Title 18 of the United States Code.

Zero Income Affidavit

I do hereby affirm and attest that all the information above about me and my household is true and correct. I understand that the GHA requires me to report in **WRITING within ten (10) business days of the date of any changes** to my/our (but not limited to) income, marital status, job, and/or family size that occur any time during the year.

I understand that withholding information may result in termination from the Housing Choice Voucher Program and possible prosecution under applicable federal, state, or local laws.

Printed Name: _____

Signature: _____

Date: _____