

STATEMENT OF NO INCOME

Reporting Month/Year:

Head of Household Name:

Unit Address:

Cumberland, MD 21502

Name of Family Member Reporting No Income:

Any Person applying or residing in Public Housing who is 18 years of age or older, not employed or receiving any other type of financial benefits must report their income status on a monthly basis. It is the responsibility of the Head of Household to assure that this form is completed and returned to the Housing Authority office by the 7th of each month to avoid termination of your subsidy benefits. If **ANY** change in income status occurs, it must be reported to our office within (ten) 10 days.

Complete this form by writing in the amount of your expenses and identify the agency or person paying the bill for you if applicable. Your form of verification must accompany this form for review by the Housing Authority staff and will be returned to you.

Common Household Expenses	Monthly Amount Paid	Agency or Person Paying Expense	Form of Verification Provided for Agency or Person Paying	Verified by (HACC initials)
Rent Payments and other housing charges	\$			
Electric Utility Bill	\$			
Television Service	\$			
Food	\$			
Household Supplies	\$			
House/Cellular Telephone	\$			
Transportation/Auto Expenses	\$			
Other: (cigarettes, cab fare, etc.)	\$			

I (we) do hereby certify that the family member listed did not receive any income from any source during the month and year listed above. I (we) do certify that the above statement is true and complete to the best of my (our) knowledge and belief. I understand that false statements or information are punishable under federal law and could result in termination of rental assistance.

Signatures required below:

Head of Household: _____ Date: _____

No Income Family Member: _____ Date: _____