

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No. \_\_\_\_\_ Caseworker: \_\_\_\_\_

Month and Year you are reporting : \_\_\_\_\_

### ZERO INCOME VERIFICATION FORM

- **WARNING:** SECTION 1001 TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.
- I understand that if I claim Zero Income, I must complete this form every **30 days** and return it to the Kenosha Housing Authority by the 10<sup>th</sup> of the next month. Failure to do so may result in termination of my rental assistance. I agree to notify the Kenosha Housing Authority **IN WRITING, and PROVIDE the NECESSARY DOCUMENTATION**, if I have any changes in my household, within 14 days of the change.

**Please write down the amount of your bills for the month and how you paid for them:**

	AMOUNT PER MONTH	HOW DID YOU PAY FOR IT:
GROCERIES	\$ _____	_____
ELECTRIC BILL	\$ _____	_____
GAS BILL	\$ _____	_____
WATER BILL	\$ _____	_____
CREDIT CARD(S)	\$ _____	_____
TELEPHONE/CELL	\$ _____	_____
DIAPERS	\$ _____	_____
RENT	\$ _____	_____

**AMOUNT PER MONTH      HOW DID YOU PAY FOR IT:**

HOUSEHOLD ITEMS \$ \_\_\_\_\_  
 (Laundry / Soap / Toilet Paper, etc.) \_\_\_\_\_

TRANSPORTATION \$ \_\_\_\_\_  
 (Car expenses / Gas / Bus, etc.) \_\_\_\_\_

INTERNET/CABLE \$ \_\_\_\_\_

FURNITURE BILL \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

**Do you receive any of the following?**

W2/TANF:	Yes _____	No _____	Amount \$ _____
Social Security benefits for your children:	Yes _____	No _____	Amount \$ _____
Baby-sitting:	Yes _____	No _____	Amount \$ _____
Payment for hair styling/cutting:	Yes _____	No _____	Amount \$ _____
Recurring gifts from family/friends:	Yes _____	No _____	Amount \$ _____
Energy Assistance:	Yes _____	No _____	Amount \$ _____
Cash income from any form of Self- Employment:	Yes _____	No _____	Amount \$ _____

Please list **EACH** person currently living in your household:

---



---



---

What are you doing to secure or restore income into your household? \_\_\_\_\_

---



---

**I ATTEST** that the above information given to the Kenosha Housing Authority on income and expenses is accurate and complete to the best of my knowledge and belief. I understand giving false information or statements is punishable under Federal Law and is grounds for termination of housing assistance.

\_\_\_\_\_  
 Signature / Head of Household

\_\_\_\_\_  
 Date



# Kenosha Housing Authority

## EMPLOYER CONTACT REPORT FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Completed Job Search Form Due: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Required Contacts per week: \_\_\_\_\_

***Please complete all questions. Missing information will be considered an incomplete contact.  
We will check with the Employers to verify that an application was submitted.***

<p><b>Date:</b></p> <p><b>Time Spent:</b></p>	<p><b>Name of Employer:</b></p> <p><b>Address:</b></p> <p><b>Phone Number:</b></p> <p><b>Type of Position:</b></p>	<p><b>Method of Contact:</b></p> <p>( ) Application ( ) Resume ( ) Letter ( ) Call ( ) Interview</p>	<p><b>Contact made:</b></p> <p>( ) In Person ( ) Through Employment Central</p> <p>Contact person/Comments:</p>	<p><b>Results:</b></p> <p>( ) Hired ( ) Not Hired ( ) Waiting to hear from Employer</p>
<p><b>Date:</b></p> <p><b>Time Spent:</b></p>	<p><b>Name of Employer:</b></p> <p><b>Address:</b></p> <p><b>Phone Number:</b></p> <p><b>Type of Position:</b></p>	<p><b>Method of Contact:</b></p> <p>( ) Application ( ) Resume ( ) Letter ( ) Call ( ) Interview</p>	<p><b>Contact made:</b></p> <p>( ) In Person ( ) Through Employment Central</p> <p>Contact person/Comments:</p>	<p><b>Results:</b></p> <p>( ) Hired ( ) Not Hired ( ) Waiting to hear from Employer</p>
<p><b>Date:</b></p> <p><b>Time Spent:</b></p>	<p><b>Name of Employer:</b></p> <p><b>Address:</b></p> <p><b>Phone Number:</b></p> <p><b>Type of Position:</b></p>	<p><b>Method of Contact:</b></p> <p>( ) Application ( ) Resume ( ) Letter ( ) Call ( ) Interview</p>	<p><b>Contact made:</b></p> <p>( ) In Person ( ) Through Employment Central</p> <p>Contact person/Comments:</p>	<p><b>Results:</b></p> <p>( ) Hired ( ) Not Hired ( ) Waiting to hear from Employer</p>

**Please complete all questions. Missing information will be considered an incomplete contact. We will check with the Employers to verify that an application was submitted.**

<b>Date:</b>  <b>Time Spent:</b>	<b>Name of Employer:</b>  <b>Address:</b>  <b>Phone Number:</b>  <b>Type of Position:</b>	<b>Method of Contact:</b> <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Letter <input type="checkbox"/> Call <input type="checkbox"/> Interview	<b>Contact made:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Through Employment Central  Contact person/Comments:	<b>Results:</b> <input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting to hear from Employer
<b>Date:</b>  <b>Time Spent:</b>	<b>Name of Employer:</b>  <b>Address:</b>  <b>Phone Number:</b>  <b>Type of Position:</b>	<b>Method of Contact:</b> <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Letter <input type="checkbox"/> Call <input type="checkbox"/> Interview	<b>Contact made:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Through Employment Central  Contact person/Comments:	<b>Results:</b> <input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting to hear from Employer
<b>Date:</b>  <b>Time Spent:</b>	<b>Name of Employer:</b>  <b>Address:</b>  <b>Phone Number:</b>  <b>Type of Position:</b>	<b>Method of Contact:</b> <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Letter <input type="checkbox"/> Call <input type="checkbox"/> Interview	<b>Contact made:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Through Employment Central  Contact person/Comments:	<b>Results:</b> <input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting to hear from Employer
<b>Date:</b>  <b>Time Spent:</b>	<b>Name of Employer:</b>  <b>Address:</b>  <b>Phone Number:</b>  <b>Type of Position:</b>	<b>Method of Contact:</b> <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Letter <input type="checkbox"/> Call <input type="checkbox"/> Interview	<b>Contact made:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Through Employment Central  Contact person/Comments:	<b>Results:</b> <input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting to hear from Employer

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAILURE TO RETURN THIS FORM TO YOUR HOUSING SPECIALIST MAY RESULT IN THE LOSS OF YOUR SECTION 8 RENTAL ASSISTANCE!**

**Commissioners**

*Shawnelle Gross, Chair*  
*Terri Sinnott-Chardukian, Vice Chair*  
*David. O. Hughes, Treasurer*  
*Charles LeMay, Commissioner*  
*Steven Chalmers, Commissioner*

## No Income

*This is to certify that I am not receiving income/money from any of the following sources at the present time. I understand that when I begin to receive income, I am required to report it to the Kenosha Housing Authority (KHA) within (14) days. This requirement is defined in the "Pledge of Responsibility" for all program participants/applicants.*

1. Wages from employment including commissions and fees.
2. Income from the operation of business, including childcare, MLM businesses (Mary Kay, Avon, Sentsy, etc), Uber, Lyft, Instacart, contracted jobs, etc.
3. Rental income from any real estate or personal property.
4. Social Security payments, pension, retirement funds, disability or death benefits, or unemployment income.
5. W-2 payments, kinship, caretaker supplement.
6. Any other source of income not listed above (funds from family member, friend, etc.)

*Failure to report income is punishable under Federal Law. If I do not report income or income changes as required, I will be responsible for excess payments based on less than 30% of actual household income, I may be charged with program abuse and fraud, which may result in termination of assistance.*

***By signing below I have read and certify the above statement.***

---

Adult Family Member (Print & Sign Name)

---

Head of Household (Print & Sign Name)

---

Date