

ATTACHMENT 6-B

ZERO INCOME VERIFICATION CHECKLIST

| (A) EXPENSE | (B) RECURRING EXPENSE? | (C) PAYMENT SOURCE | (D) EXEMPT {If no, Col. E} | (E) AMOUNT |
|---------------------------|--|--------------------------|--|---------------|
| FOOD | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Food Stamps | | |
| | | WIC | | |
| | | Food Bank | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | In Kind Donations | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| SHELTER COSTS | | | | |
| Housing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Electricity | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Water | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CLEANING/GROOMING | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | In kind Donation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TRANSPORTATION | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | In kind Donation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Automobile Payment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|------------------------|--|--------------------------|--|---------------|
| | | In kind Donation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Automobile Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Automobile Maintenance | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ENTERTAINMENT | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Cable/Satellite | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Video Rentals | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Sporting Events | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other Entertainment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contribution | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CLOTHING EXPENSES | | | | |
| Clothes/Shoes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | In Kind Donations | | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Laundry | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|-------------------------------|--|--------------------------|--|---------------|
| | | In Kind Donations | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COMMUNICATIONS | | | | |
| Telephone | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | In Kind Donations | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Cellular Telephone | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | In Kind Donations | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Pager/Beeper | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | In Kind Donations | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Internet | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Cash Contributions | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | In Kind Donations | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| MEDICAL EXPENSES | | | | |
| | | Cash Contributions | | |
| | | Other | | |
| MISCELLANEOUS EXPENSES | | | | |
| Non-reimbursable Education | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | |
| Non-reimbursable Childcare | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | |
| Non-reimbursable Job Expenses | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | |

Part II

| (A) BENEFIT SOURCE | (B) ELIGIBLE {If yes, Col. C} | (C) APPLIED {If yes, Col. D} | (D) STATUS |
|-------------------------------|--|--|-----------------------|
| SOCIAL SECURITY | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| UNEMPLOYMENT | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HEALTH AND WELFARE | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| VETERANS ADMINISTRATION | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OTHER | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Attach receipts, applications and other documentation to the completed checklist and retain in application or tenant file.