

Zero Income (non-wage assistance) Worksheet

Name _____

Monthly Expense	Y or N	Monthly Amount	Payment Source Name and Phone Number of Person providing assistance
Car Payment			
Gasoline			
Auto Insurance			
Bus, Taxi, etc.			
Telephone and/or Cell Phone			
Cable TV			
Internet Service			
Toiletries			
Cleaning Supplies			
Diapers, Formula			
Tobacco Products			
School Expenses			
Medical Expenses			
Entertainment			
Clothing			
Child Support Payment			
Child Care Expense			
Furniture Rentals			
Washer/Dryer Rental			
Pet Food, Vet			
Loans			
Utilities (electric, water, etc)			
Rent (fill in only if you are already a resident)			
Other			
Total			

HOUSING AUTHORITY OF MURRAY

Do you currently have a food stamp case? Y or N

If not, why? _____

If yes, provide the following:

Name of Caseworker: _____

Number of persons on food stamp case: _____

Income they are counting: _____

If there are children in your household, have you applied for KTAP? Y or N

If not, why? _____

If there are children in your household, have support payments been ordered?

If not, why? _____

If previously employed, have you applied for unemployment benefits? Y or N

Please describe any efforts you are making to establish an income source (including attending school):

If none are listed, why? _____

I certify that I have answered all questions completely and accurately. I understand that any income or benefits that anyone in my household receives is to be reported to the Housing Authority of Murray, in writing, as soon as it occurs. Failure to report income/benefits may result in termination from the program, being charged retroactive rent, possible criminal charges, and/or inability to obtain housing assistance in the future. I understand that the HAM charges a minimum rent of \$50 per month and my rent will be based on all income in my household. I understand that is my responsibility to pay the monthly rent on time although at this time I report no income from any source.

Head of Household Signature

Date

Other Adult

Date

Housing Authority Designee

Date