



# CARIBOU HOUSING AGENCY

Housing Choice Voucher Program

25 High Street

Caribou, ME 04736

Telephone: (207) 493-4234

Fax (207) 376-0178

[www.cariboumaine.org](http://www.cariboumaine.org)



## CERTIFICATION OF ZERO INCOME

For every 90 calendar days that a Housing Choice Voucher (Section 8) household is without income, the household is required to complete and sign this document.

Head of Household: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

### FAMILY COMPOSITION:

Full Name	Relationship	Sex	Age	DOB	SSN

### HOUSEHOLD INCOME:

Yes	No	
		<p>Has anyone in your household performed odd jobs (i.e. seasonal construction/farming/fair, babysitting, cleaning, etc.) within the past 12 months?</p> <p>If yes, who? _____</p> <p>What type of work was done? _____</p> <p>How much was earned?</p> <p><input type="checkbox"/> Week \$ _____ <input type="checkbox"/> Month \$ _____</p> <p><input type="checkbox"/> Year \$ _____ <input type="checkbox"/> Season \$ _____</p> <p>Did you receive a check? _____</p> <p>Did you receive a W-2? _____</p>
		<p>Does anyone in your household expect to be employed at all in the next 12 months?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

**COMPLETE EACH ITEM:** All questions must be answered.

➤ Supporting documents are required.

Failure to turn in required documentation, may result in termination of the Housing Choice Voucher.

**FOOD**

Yes	No	(Includes food from stores, food pantry, soup kitchen, and restaurants)
		<p>Is anyone in your household currently receiving Food Stamps?                      If yes, who? _____                      How much per month? \$ _____                      ➤ (DHHS Benefit Letter needed)</p> <p>What is the monthly food bill? \$ _____                      ➤ (one month's worth of receipts needed)</p>
		<p>If no, how does your household acquire food?</p> <p><input type="checkbox"/> Food Pantry                      Name of Pantry: _____</p> <p><input type="checkbox"/> General Assistance                      How much per month? \$ _____                      ➤ (12 months of General Assistance statements needed)</p> <p><input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Average Monthly Amount Friends/Family Purchases: \$ _____                      ➤ (one month's worth of receipts needed)</p> <p>Average Monthly Amount Friends/Family Gives: \$ _____                      ➤ (one month's worth of receipts needed)</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>

**CLEANING PRODUCTS**

Yes	No	(Includes dish detergent, laundry detergent, etc.)
		<p>Does anyone in your household receive General Assistance to purchase cleaning products?                      If yes, who? _____                      How much per month? \$ _____                      ➤ (12 months of General Assistance statements needed)</p> <p>What is the monthly food bill? \$ _____                      ➤ (copy of one month's worth of receipts needed)</p>
		<p>If no, how does your household acquire cleaning products?</p> <p><input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Purchased by Friends/Family: \$ _____                      ➤ (one month's worth of receipts needed)</p> <p>Monthly Amount Given from Friends/Family: \$ _____                      ➤ (one month's worth of receipts needed)</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>

**PAPER PRODUCTS**

Yes	No	(Includes trash bags, paper towels, paper plates, toilet paper, tissues, etc.)
		<p>Does anyone in your household receive General Assistance to purchase paper products?                      If yes, who? _____                      How much per month? \$ _____                      ➤ (12 months of General Assistance statements needed)</p> <p>What is the monthly food bill? \$ _____                      ➤ (copy of one month's worth of receipts needed)</p>
		<p>If no, how does your household acquire paper product?</p> <p><input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Purchased by Friends/Family: \$ _____                      ➤ (one month's worth of receipts needed)</p> <p>Monthly Amount Given from Friends/Family: \$ _____                      ➤ (one month's worth of receipts needed)</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>

**GROOMING AND PERSONAL HYGIENE PRODUCTS**

Yes	No	(Includes shampoo, soap, feminine products, toothpaste, toothbrush, dental floss, hairbrush/comb, haircuts, manicure/pedicure, q-tips, razors, shaving cream, deodorant, cosmetics, hair color, etc.)
		<p>Does anyone in your household receive General Assistance to purchase grooming &amp; personal hygiene products?                      If yes, who? _____                      How much per month? \$ _____                      ➤ (12 months of General Assistance statements needed)</p> <p>What is the monthly food bill? \$ _____                      ➤ (copy of one month's worth of receipts needed)</p>
		<p>If no, how does your household acquire grooming and personal hygiene products?</p> <p><input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Average Monthly Amount Purchased by Friends/Family \$ _____                      ➤ (one month's worth of receipts needed)</p> <p>Average Monthly Amount Given from Friends/Family: \$ _____                      ➤ (one month's worth of receipts needed)</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>

## TRANSPORTATION

Yes	No	(Includes rides given)
		<p>Does anyone in your household own a vehicle?            If yes, who? _____</p> <p>Are payments still owed?</p> <p><input type="checkbox"/> Yes</p> <p>How much is the monthly payment? \$ _____            ➤ (copy of payment bill due needed)</p> <p>How are the payments being made?</p> <p><input type="checkbox"/> Friends/Family Purchase            Name of Friends/Family: _____            Monthly Payment Paid by Friends/Family: \$ _____            Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____            _____</p> <p><input type="checkbox"/> No, vehicle is paid off</p> <p>What is the yearly registration? \$ _____            ➤ (copy of registration needed)</p> <p>How is the registration being paid?</p> <p><input type="checkbox"/> Friends/Family            Name of Friends/Family: _____            Yearly Amount Paid by Friends/Family: \$ _____            Yearly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____            _____</p> <p>What is the monthly insurance cost? \$ _____            ➤ (copy of bill needed)</p> <p>How is the insurance being paid?</p> <p><input type="checkbox"/> Friends/Family            Name of Friends/Family: _____            Yearly Amount Paid by Friends/Family: \$ _____            Yearly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____            _____</p> <p>What is the yearly maintenance (tires, oil change, inspection, etc.)? \$ _____            ➤ (One month's worth of receipts needed)</p> <p>How is this being paid?</p> <p><input type="checkbox"/> Friends/Family            Name of Friends/Family: _____            Yearly Amount Paid by Friends/Family: \$ _____            Yearly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____            _____</p>

		<p>What is the monthly cost for gas? _____ \$ _____</p> <p style="text-align: right;">➤ (One month's worth of receipts needed)</p> <p>How is the gas being paid for?</p> <p><input type="checkbox"/> Friends/Family  Name of Friends/Family: _____  Monthly Amount Paid by Friends/Family: \$ _____  Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____  _____</p>
		<p>If no, how does your household get around?</p> <p><input type="checkbox"/> Friends/Family  Name of Friends/Family: _____</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Other. Please explain: _____  _____</p>

**TOBACCO USE**

Yes	No	(Includes cigarettes, rolling, electronic/vaping, cigars, chewing, and given items etc.)
		<p>Does anyone in your household use tobacco products daily/weekly/monthly?  If yes, who? _____</p> <p>How much is the monthly purchase? _____ \$ _____</p> <p style="text-align: right;">➤ (One month's worth of receipts needed)</p> <p>How are the purchases being made?</p> <p><input type="checkbox"/> Friends/Family  Name of Friends/Family: _____  Monthly Amount Purchased by Friends/Family: \$ _____  Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____  _____</p>

**CLOTHING**

Yes	No	(Includes undergarments, shoes/boots, jackets, winter items, clothing in general, etc.)
		<p>Does anyone in your household purchase clothing on a regular basis (i.e. weekly/monthly)?            If yes, who? _____</p> <p>How much is the weekly/monthly purchase? \$ _____            ➤ (One month's worth of receipts needed)</p> <p>How are the purchases being made?</p> <p><input type="checkbox"/> General Assistance            How much per month \$ _____            ➤ (12 months of General Assistance statements needed)</p> <p><input type="checkbox"/> Friends/Family            Name of Friends/Family: _____            Monthly Amount Purchased by Friends/Family: \$ _____            Monthly <b>Amount</b> Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____            _____</p>
		<p>If no, how does your household use acquire clothing when needed?</p> <p><input type="checkbox"/> Friends/Family            Name of Friends/Family: _____            Amount Purchased by Friends/Family: \$ _____            ➤ (One month's worth of receipts needed)</p> <p>Amount Received from Friends/Family: \$ _____            ➤ (One month's worth of receipts needed)</p> <p><input type="checkbox"/> Other. Please explain: _____            _____</p>
		<p>How does your household clean their clothing?</p> <p><input type="checkbox"/> Washer/Dryer in rental unit</p> <p><input type="checkbox"/> Laundry Mat            How much is the weekly/monthly cost? \$ _____            ➤ (One month's worth of receipts needed)</p> <p>How are the purchases being made?</p> <p><input type="checkbox"/> Friends/Family            Name of Friends/Family: _____            Monthly Amount Paid by Friends/Family: \$ _____            Monthly Amount Received by Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____            _____</p> <p><input type="checkbox"/> Use Friends/Family Washer/Dryer</p> <p><input type="checkbox"/> Other: Please explain: _____            _____</p>

**ENTERTAINMENT**

Yes	No	
		<p>Does anyone in your household have Cable TV/Satellite TV and/or Internet TV?                      If yes, who? _____                      How much is the monthly payment? \$ _____                      ➤ (copy of most recent bill needed)</p> <p>How are the payments being made?  <input type="checkbox"/> Friends/Family Purchase                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received from Friends/Family: \$ _____  <input type="checkbox"/> Other. Please explain: _____                      _____</p>
		<p>Does anyone in your household have a computer/tablet with internet access?                      If yes, who? _____                      How much is the monthly payment for internet? \$ _____                      ➤ (copy of most recent bill needed)</p> <p>How are the payments being made?  <input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received by Friends/Family: \$ _____  <input type="checkbox"/> Other. Please explain: _____                      _____</p>
		<p>Does anyone in your household receive any of the following items?  <input type="checkbox"/> Magazine Subscriptions                      <input type="checkbox"/> Newspapers  <input type="checkbox"/> Lottery Tickets                                      <input type="checkbox"/> Alcohol                      If yes, who? _____                      How much is the monthly payment? \$ _____                      ➤ (One month's worth of receipts needed)</p> <p>How are the items being paid for?  <input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received from Friends/Family: \$ _____  <input type="checkbox"/> Other. Please explain: _____                      _____</p>

**TELEPHONE**

Yes	No	(Includes landline and/or cell phone)
		<p>Does anyone in your household have a phone?                      If yes, who? _____</p> <p>How much is the monthly payment? \$ _____                      ➤ (copy of most recent bill needed)</p> <p>How are the payments being made?</p> <p><input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>

**MEDICAL**

Yes	No	
		<p>Does anyone in your household have medical, dental and/or eye visits?                      If yes, who? _____</p> <p>How much is the yearly payment? \$ _____                      ➤ (copy of most recent bill needed)</p> <p>How are the payments being made?</p> <p><input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Yearly Amount Paid by Friends/Family: \$ _____                      Yearly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>
		<p>Does anyone in your household have prescription expenses?                      If yes, who? _____</p> <p>How much is the monthly payment? \$ _____                      ➤ (copy of 12-month report from pharmacy needed)</p> <p>How are the payments being made?</p> <p><input type="checkbox"/> Friends/Family Purchase                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>

	<p>Does anyone in your household wear glasses and/or contacts?          If yes, who? _____          How much is the yearly payment? \$ _____          ➤ (copy of most recent bill needed)</p> <p>How are the payments being made?  <input type="checkbox"/> Friends/Family          Name of Friends/Family: _____          Yearly Amount Paid by Friends/Family: \$ _____          Yearly Amount Received from Friends/Family: \$ _____  <input type="checkbox"/> Other. Please explain: _____          _____</p>
	<p>Does anyone in your household wear hearing aids?          If yes, who? _____          How much is the yearly payment? \$ _____          ➤ (One month's worth of receipts needed)</p> <p>How are the payments being made?  <input type="checkbox"/> Friends/Family          Name of Friends/Family: _____          Yearly Amount Paid by Friends/Family: \$ _____          Yearly Amount Received from Friends/Family: \$ _____  <input type="checkbox"/> Other. Please explain: _____          _____</p>



**PETS/THERAPY ASSISTANCE ANIMALS**

Yes	No	
		<p>Does anyone in your household have any animals? If yes, who? _____ How many animals are in the household? _____ How much is the monthly cost for food/treats? \$ _____ ➤ (One month's worth of receipts needed)</p> <p>How are the items being purchased? <input type="checkbox"/> Friends/Family Name of Friends/Family: _____ Monthly Amount Paid by Friends/Family: \$ _____ Monthly Amount Received from Friends/Family: \$ _____ <input type="checkbox"/> Other. Please explain: _____ _____</p> <p>How much is the yearly cost for vet bills? \$ _____ ➤ (copy of most recent bill needed)</p> <p>How are the bills being paid? <input type="checkbox"/> Friends/Family Name of Friends/Family: _____ Monthly Amount Paid by Friends/Family: \$ _____ Monthly Amount Received from Friends/Family: \$ _____ <input type="checkbox"/> Other. Please explain: _____ _____</p> <p>How much is the yearly cost for animal supplies? (i.e. cat litter, dog registration, etc.) \$ _____ ➤ (One month's worth of receipts needed)</p> <p>How are the items being purchased? <input type="checkbox"/> Friends/Family Name of Friends/Family: _____ Monthly Amount Paid by Friends/Family: \$ _____ Monthly Amount Received from Friends/Family: \$ _____ <input type="checkbox"/> Other. Please explain: _____ _____</p>

**MISCELLANEOUS ITEMS**

Yes	No	
		<p>Does anyone in your household have a computer printer?                      If yes, who? _____                      How much is the monthly cost for paper and ink? \$ _____                      ➤ (one month's worth of receipts needed)</p> <p>How are the payment being paid?  <input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>
		<p>Does anyone in your household have hunting and/or fishing license?                      If yes, who? _____                      How much is the cost the license? \$ _____                      ➤ (copy of license needed)</p> <p>How are the items being purchased?  <input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Amount Paid by Friends/Family: \$ _____                      Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p> <p>How much is the yearly cost supplies? \$ _____                      ➤ (one month's worth of receipts needed)</p> <p>How are the items being purchased?  <input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>

Does anyone in your household own an ATV, Motorcycle, Snowmobile, Scooter, Boat and/or Camper?

If yes, which item? \_\_\_\_\_

Who is the owner? \_\_\_\_\_

How much is the monthly cost the license? \$ \_\_\_\_\_

Are payments still owed?

Yes

How much is the monthly payment? \$ \_\_\_\_\_

➤ (copy of payment bill due needed)

How are the payments being made?

Friends/Family

Name of Friends/Family: \_\_\_\_\_

Monthly Amount Paid by Friends/Family: \$ \_\_\_\_\_

Monthly Amount Received from Friends/Family: \$ \_\_\_\_\_

Other. Please explain: \_\_\_\_\_

No, item is paid off.

What is the yearly registration? \$ \_\_\_\_\_

➤ (copy of registration needed)

How are the payments being made?

Friends/Family

Name of Friends/Family: \_\_\_\_\_

Monthly Amount Paid by Friends/Family: \$ \_\_\_\_\_

Monthly Amount Received from Friends/Family: \$ \_\_\_\_\_

Other. Please explain: \_\_\_\_\_

What is the weekly/ monthly cost for gas when used? \$ \_\_\_\_\_

➤ (one month's worth of receipts needed)

How are the payments being made?

Friends/Family

Name of Friends/Family: \_\_\_\_\_

Monthly Amount Paid by Friends/Family: \$ \_\_\_\_\_

Monthly Amount Received from Friends/Family: \$ \_\_\_\_\_

Other. Please explain: \_\_\_\_\_

**THIS SECTION FOR FAMILIES WITH CHILDREN**

**INFANTS AND TODDLERS**

Yes	No	
		<p>How much is the monthly cost for diapers? \$ _____                      ➤ (one month's worth of receipts needed)</p> <p>How are the items being paid for?</p> <p><input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p> <p>How much is the monthly cost for formula and/or baby food? \$ _____                      ➤ (one month's worth of receipts needed)</p> <p>How are the items being paid for?</p> <p><input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p> <p>How much is the monthly cost for baby/infant supplies? (i.e. wipes, bottles, pacifiers, lotion, powder, etc.) \$ _____                      ➤ (one month's worth of receipts needed)</p> <p>How are the items being paid for?</p> <p><input type="checkbox"/> Friends/Family                      Name of Friends/Family: _____                      Monthly Amount Paid by Friends/Family: \$ _____                      Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____                      _____</p>

**SCHOOL AGED CHILDREN**

Yes	No	
		<p>How much is the yearly cost for school supplies? (i.e. backpack, pencils, crayons, etc.)</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">➤ (one month's worth of receipts needed)</p> <p>How are the items being paid for?</p> <p><input type="checkbox"/> Friends/Family</p> <p style="margin-left: 20px;">Name of Friends/Family: _____</p> <p style="margin-left: 20px;">Monthly Amount Paid by Friends/Family: \$ _____</p> <p style="margin-left: 20px;">Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____</p> <p>_____</p> <p>If the child participates in band and/or sports, how much is the yearly cost for the items needed?</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">➤ (one month's worth of receipts needed)</p> <p>How are the items being paid for?</p> <p><input type="checkbox"/> Friends/Family</p> <p style="margin-left: 20px;">Name of Friends/Family: _____</p> <p style="margin-left: 20px;">Monthly Amount Paid by Friends/Family: \$ _____</p> <p style="margin-left: 20px;">Monthly Amount Received from Friends/Family: \$ _____</p> <p><input type="checkbox"/> Other. Please explain: _____</p> <p>_____</p>

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**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of housing benefits as well as an overpayment recovery.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**WARNING! Title 18, Section 1001 of the United States Code, states that a person which knowingly and willingly makes false fraudulent statements to any department or agency of the United States Governments is guilty of a felony.**

**FOR CARIBOU HOUSING AGENCY USE ONLY:**

<b>Type of Expense:</b>	<b>\$ Monthly Expense:</b>
Food	
Cleaning	
Paper Products	
Grooming & Personal Hygiene	
Transportation	
Tobacco	
Clothing	
Entertainment	
Telephone	
Medical	
Housing/Shelter	
Pets/Therapy/Assistance Animals	
Miscellaneous items	
Infant/toddlers	
School Aged Children	
<b>Total Household Income</b>	