

WALTHAM HOUSING AUTHORITY

110 Pond Street, Waltham, MA 02451

HEAD OF HOUSEHOLD - ZERO INCOME CERTIFICATION

Head of Household: _____	Program: ☐ Section 8/HCV ☐ MRVP ☐ AHVP ☐ DMH
Address: _____	Unit #: _____
Telephone: _____	Effective Date of Zero Income: _____

ZERO INCOME DECLARATION

I certify that I am the Head of Household and that I currently have no income from employment or any other source, except for any amounts specifically disclosed below. I understand that Waltham Housing Authority may require supporting documentation and will determine what must be counted under the rules of my housing assistance program.

PLEASE CHECK EACH ITEM THAT APPLIES

- ☐ I am not currently employed and receive no wages, salary, tips, commissions, bonuses, or self-employment income.
- ☐ I do not receive unemployment benefits, workers' compensation, Social Security, SSI, pension, retirement, or other periodic benefits.
- ☐ I do not receive TANF/TAFDC, cash assistance, alimony, child support, or other regular payments.
- ☐ I do not receive regular financial contributions or cash assistance from family, friends, or other persons.
- ☐ I do not receive income from a business, rental property, investments, trusts, annuities, or other assets that produce income.
- ☐ I currently receive SNAP/food assistance or other non-cash assistance. Type: _____
- ☐ I have applied for benefits/income and am awaiting a decision. Type: _____
- ☐ Other income/support not listed above: _____

HOW ARE CURRENT HOUSEHOLD EXPENSES BEING PAID?

Please explain how you are currently paying for rent, utilities, food, transportation, telephone, and other basic living expenses:

FINANCIAL ASSISTANCE / CONTRIBUTIONS

Name of Person/Agency	Type of Assistance	Amount/Frequency	Expected to Continue?

EMPLOYMENT / LAST EMPLOYER INFORMATION

Last employer (if applicable): _____

Last day worked: _____ Reason employment ended/reduced: _____

Have you received a final paycheck? ☐ Yes ☐ No Date/amount: _____

Have you applied for unemployment? ☐ Yes ☐ No Status: _____

PUBLIC BENEFITS / OTHER SOURCES

Check any source currently received, pending, denied, or recently stopped:

- ☐ Social Security ☐ SSI ☐ SSP ☐ TAFDC/TANF ☐ Unemployment ☐ Workers' Compensation
- ☐ Child Support ☐ Alimony ☐ Pension/Retirement ☐ Veterans Benefits ☐ Regular Cash Contributions
- ☐ Self-Employment/Gig Work ☐ Rental Income ☐ Trust/Annuity ☐ Other: _____

If a benefit or income source recently stopped, identify the source and last payment date/amount:

ASSETS / ACCOUNTS

List all accounts/assets held by the Head of Household, including accounts with a current balance of \$0:

Checking: Bank _____ Balance \$ _____ Savings: Bank _____ Balance \$ _____

Cash App/Venmo/PayPal/other payment account: _____ Balance \$ _____

CD, stocks, bonds, retirement, trust, real property, or other asset: _____

☐ I have no other accounts or assets to report.

HOUSEHOLD EXPENSE WORKSHEET

Monthly Rent/Tenant Portion: \$ _____ Utilities: \$ _____ Food: \$ _____ Phone/Internet: \$ _____

Transportation/Car: \$ _____ Insurance: \$ _____ Childcare: \$ _____ Other: \$ _____

Total estimated monthly expenses: \$ _____

Explain specifically how these expenses are being paid while you have no income:

CHANGES AND REPORTING ACKNOWLEDGMENT

I understand that this certification reflects my current circumstances. I agree to report income and household changes to Waltham Housing Authority within the timeframe required by my program and WHA policy and to provide requested verification. I understand WHA may review available verification sources, including EIV when applicable, and may request additional documentation when information is incomplete or inconsistent.

SUPPORTING DOCUMENTATION

Attach available documentation supporting zero-income status, when requested, such as termination/separation documentation, unemployment status, benefit denial or pending-benefit notices, recent bank statements, prior-year tax documentation, or documentation of financial assistance received from other persons or agencies.

HEAD OF HOUSEHOLD CERTIFICATION

I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge. I understand that I must report changes in household income and circumstances to Waltham Housing Authority as required by my program. I understand that knowingly providing false, incomplete, or misleading information may result in repayment obligations, termination of assistance, or other action permitted under applicable program rules.

Head of Household Signature: Date: _____	Printed Name: _____
WHA Staff Received By: Date: _____	WHA Review / Notes: _____

WALTHAM HOUSING AUTHORITY

ZERO INCOME – WEEKLY EXPENSE & METHOD OF PAYMENT WORKSHEET

Head of Household: _____ Date: _____

How much do you spend each week on the following? For each item, identify how the expense is paid (cash, SNAP, bank account, credit card, family/friend, agency assistance, borrowed funds, etc.).

Item	Weekly Expense	Method of Payment
Food	\$ _____	_____
Paper products	\$ _____	_____
Personal grooming products	\$ _____	_____
Cleaning products	\$ _____	_____
Car payments	\$ _____	_____
Car use and maintenance costs	\$ _____	_____
Transportation costs (if no car is owned)	\$ _____	_____
Cable TV	\$ _____	_____
Internet	\$ _____	_____
Entertainment (movies, lottery, sporting events, video rental, vacations, etc.)	\$ _____	_____
Clothing	\$ _____	_____
Cigarettes/Cigars	\$ _____	_____
Telephone (home)	\$ _____	_____
Cell phone	\$ _____	_____
Utilities	\$ _____	_____
Mortgage or rent	\$ _____	_____
Unreimbursed medical expenses	\$ _____	_____
Unreimbursed childcare expenses	\$ _____	_____
Unreimbursed job expenses	\$ _____	_____
Charitable contributions (church, charity, etc.)	\$ _____	_____
TOTAL	\$ _____	_____

If another person or organization pays or contributes toward any expense above, complete the Third-Party Financial Assistance section on the following page.

EXPENSE VERIFICATION REQUIREMENTS

Food: Provide at least one month of grocery receipts. If food is purchased with SNAP or another assistance program, provide current benefit documentation.

Cleaning Supplies, Grooming Products & Paper Products: Provide at least one month of receipts for these household purchases.

Automobile Expenses: For households with a vehicle, provide one month of gas receipts, proof of insurance, and proof of car payment, if applicable.

Transportation: If no car is owned, provide a written explanation and available documentation showing how transportation is paid for shopping, school, medical needs, religious services, visits, and other regular activities.

Entertainment: Provide the most recent two months of cable/streaming bills, if applicable, and available receipts or documentation for other regular entertainment costs.

Clothing & Shoes: Provide receipts or other available information showing when clothing and shoes are purchased and amounts spent. Identify clothing received free from clothing banks, charities, family, or friends.

Cigarettes/Cigars: If applicable, identify the brand and approximate quantity used so the regular expense can be estimated.

Telephone, Cell Phone & Internet: Provide the most recent two months of applicable bills so the average communication expense can be reviewed.

Housing & Utilities: Provide documentation showing actual rent/mortgage and utility costs paid by the household.

Medical Expenses: Provide receipts, statements, or invoices for unreimbursed medical expenses.

Childcare Expenses: Provide receipts, statements, or other documentation for unreimbursed childcare expenses, when applicable.

Employment-Related Expenses: Provide receipts or documentation for unreimbursed job expenses reported on the worksheet.

Charitable Contributions: Provide available receipts or statements for regular charitable or religious contributions.

Miscellaneous Expenses: Provide bills, paid receipts, invoices, account statements, or other documentation supporting reported miscellaneous expenses.

THIRD-PARTY FINANCIAL ASSISTANCE

Name of person/organization: _____ Relationship: _____

Expense being paid: _____ Amount: \$ _____

Frequency: ☐ Weekly ☐ Monthly ☐ Occasionally ☐ One-Time Expected to continue? ☐ Yes ☐ No

HEAD OF HOUSEHOLD ACKNOWLEDGMENT

I certify that the expenses, payment methods, and sources of assistance reported in this packet are true, accurate, and complete to the best of my knowledge. I understand that Waltham Housing Authority may request additional verification and that I must report changes in household income or circumstances as required by my housing program.

Head of Household: _____ Signature: _____ Date: _____