

Este documento se puede traducir. Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

ZERO INCOME QUESTIONNAIRE

ad of Household:			Vouc	her #:	
lephone: Home		Work		Cell	
licate the dollar amount for your monthly living		s overana an halaw undar "Manthly Amy		ount" (if to ontor "nono")	
e: This questionnaire is to					
nily.			•	•	
tem/Expense	Monthly Amount	Paid by Whom?	Phone #	Address	
Rent					
Electric					
as					
Vater					
elephone (incl. cell)					
V Cable					
Car Payment(s)					
Car Insurance					
ife Insurance					
Credit Card Payment(s)					
oan(s)					
Other Outside Household Contributions (i.e. food,					
clothes, etc.)					
otal Monthly Amount:					
alties for Misusing This C ny for knowingly and willing Government. Signing below, I certify tha	ngly making false or t the information pr	r fraudulent stateme rovided is true and a	ents to any departments	ent or representative of the theorem the transfer of the trans	
rerify the above affirmation ry six months and, if appr			_		
nual income within 30 cale			and that i iliust	oport an onungoo m	
ad of Household (Print Name)		Signature		Date	
her Adult Family Member (Print Name)		Signature		D-1-	
er Addit Family Member (Pfir	it Name)	Signature		Date	

Rev. 05312019, Eff. 06032019, CHA-0160: Zero Worksheet