



Housing Assistance Payments Program Borough of Somerville

25 West End Avenue • Somerville, New Jersey 08876
Phone (908) 704-6971/72 • Fax (908) 725-9108

I _____, affirm that I have no income at this time.
When my income commences, I will immediately notify the Borough of Somerville Section 8
Housing Authority. I understand that all income from all members of my household must be
reported. I also understand that I must report any monetary items that are given to me as income.

This information I have provided is true and complete to the best of my knowledge.

(Each family member 18 years and older must complete a zero income form)

Print Name

Signature

Date



Equal Opportunity Employer
Special Accommodations Available, Please Call (908) 725-8943
TTY / TDD Please Call 1-800-852-7899

Zero Income Questionnaire

Name _____

Address of Unit _____

To claim zero income in HUD Section 8 housing program, you must have no income from any source.

Please complete the questions below, sign and date and return to our office if you are claiming zero income for housing benefits. Failure to do so will result in termination of your housing assistance payments.

I, as the head of household, or any adult member (over the age of 18) living in the above unit, receive income from the following sources;

Wages including part time, commissions, and over time;	Yes _____	No _____
TANF;	Yes _____	No _____
Social Security Income, including payments received for children;	Yes _____	No _____
SSI Benefits;	Yes _____	No _____
Pensions;	Yes _____	No _____
Interest or Dividend Income;	Yes _____	No _____
VA Benefits;	Yes _____	No _____
Babysitting Income;	Yes _____	No _____
Recurring periodic gifts;	Yes _____	No _____
Tips;	Yes _____	No _____
Bonuses;	Yes _____	No _____
Salary from family owned business;	Yes _____	No _____
Net Income from business;	Yes _____	No _____
Annuities;	Yes _____	No _____
Insurance Policies;	Yes _____	No _____
Retirement funds;	Yes _____	No _____
Disability or Death Benefits;	Yes _____	No _____
Workers Compensation;	Yes _____	No _____
Severance Payments;	Yes _____	No _____
Alimony;	Yes _____	No _____
Child Support;	Yes _____	No _____
Winnings paid in periodic payments;	Yes _____	No _____
Rent Income of any type;	Yes _____	No _____

How will you pay for rent and utilities? _____

How will you pay for food? _____

How will you pay for clothing? _____

How will you pay for cleaning supplies and toiletries? _____

If you smoke how are you paying to support your habit? _____

I understand that if I claim zero for housing assistance, I must complete this form every 30 days and return it to the housing office. Failure to do so will result in the termination of my housing assistance payments. I agree to notify the housing agency in writing immediately if the above information changes.

I certify that the above information is correct. Any false statements will result in the termination of my housing assistance.

Signature _____

Date _____

Warning: Section 1001 of title 18 of the US Code makes it a criminal offense to make willful false statement or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.