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COMPLIANCE QUESTIONNAIRE FOR APPLICANTS/RESIDENTS CLAIMING ZERO INCOME

Head of Household: _____

Family Member Claiming Zero Income: _____

Unit Address: _____

You reported having Zero income to BHA on your household’s application dated _____, BHA wants to make sure you didn’t overlook reporting any source of income and/or other financial support - at that time, or since. Accordingly, please confirm the following:

1. At any time since you reported Zero income, did you receive financial support or income of any kind? _____ YES _____ NO
2. Do you have any cash on hand? _____ YES _____ NO
3. Have you done any odd jobs, such as lawn mowing, babysitting, or recycling, for pay? _____ YES _____ NO
4. Have you received money, resources, or other help, including gifts, from parents, friends? or any other person outside of your household, to help meet your financial needs? _____ YES _____ NO

If you answered Yes to any of the above questions, please provide detail explaining your answer, including amounts and source of financial and other resources received: _____

Normal living expenses continue even in cases of Zero income. Please explain to BHA how you have been able to pay for each of following expenses during the time in which you reported having Zero income and minimal money (indicate N/A for expenses which are not applicable to you personally):

1. Your portion of rent: _____
2. Electricity/Gas: _____
3. Telephone/Cell Phone: _____
4. Cable TV/Internet: _____
5. Cleaning Supplies (dish soap, laundry soap, etc.): _____
6. Paper Supplies (toilet paper, paper towels, etc.): _____
7. Personal Hygiene Items (shampoo, soap, deodorant, etc.): _____
8. Laundry/Laundromat expenses: _____

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- 9. Pet, Companion, or Service Animal Care (food, vet, etc.): _____
- 10. Cigarettes or Alcohol Products: _____
- 11. Clothing or Shoes: _____
- 12. Transportation (including car, insurance, gas, public transportation): _____

Please Provide Additional Comments Regarding Your Situation in the space below:

Signature of Burlington Housing Authority Representative

Signature of Applicant/Resident With Zero Income

Print Name:

Print Name:

Date

Date

PENALTIES FOR MISUSING THIS VERIFICATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at **. 208 (a) (6) (7) and (8)**. Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408 (a), (6) (7) and (8)**.

