

Scottsdale Housing Agency Paiute Neighborhood Center 6535 E. Osborn Rd., Bldg. 8 Scottsdale, AZ 85251

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 480-312-7717

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 Web
 www.Scottsda

www.ScottsdaleAZ.gov search "HCV"

ZERO INCOME VERIFICATION FORM

Applicant/Resident Name:		Date:	
Time Period without Income: From: _	Date	to	Date
Please indicate the amount of your	bills for that time period an	d how you paid for them:	
	AMOUNT PER MONTH	HOW DID YOU PAY FOI	R IT:
GROCERIES	\$		
ELECTRIC BILL	\$		
GAS BILL	\$		
WATER BILL	\$		
TELEPHONE/PAGER/CELLULAR	\$		
TRANSPORTATION (car – bus – gas - insurance)	\$		
HOUSEHOLD ITEMS: (Laundry, soap, toilet paper, etc.)	\$		
DIAPERS	\$		
RENT	\$		
INTERNET/CABLE	\$		
Other			
I/we certify that the above information accurate and complete to the best of n is punishable under Federal Law and i	ny/our knowledge and belief.	I/we understand giving fals	
	3		
Print Name	Signature		Date

Per 24 CFR 5.609(b)(7) – The PHA must count as income regular monetary and nonmonetary contributions or gifts from persons not residing with an assisted family. Regular contributions include: regular payment of family bills (e.g., utilities, telephone, rent, credit cards, and car payments), cash or liquid assets provided to any family member on a regular basis, and "in-kind" contributions such as groceries and clothing provided to a family on a regular basis. Nonmonetary contributions will be valued at the cost of purchasing the items, as determined by the PHA. For contributions that may vary from month to month (e.g., utility payments), the PHA will include an average amount based upon past history.

