



HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

ZERO INCOME TENANT SURVIVAL STATEMENT

NAME: _____ CLIENT #: _____

ADDRESS: _____

1. Do you own a vehicle? Yes ____ No ____
 - a. Do you have a car payment? Yes ____ No ____
 - b. How much does your automobile insurance cost? \$_____ per _____
 - c. What is the average weekly cost to maintain your vehicle? (gasoline, oil, etc.) \$_____
 - d. How do you pay for the above expenses? _____

2. Do you subscribe to cable television? Yes ____ No ____
 - a. Does this include any premium channels? (HBO, Starz, etc.) Yes ____ No ____
 - b. Do you regularly request pay-per-view channels? Yes ____ No ____
 - c. What is your monthly cable television payment? \$_____
 - d. How do you pay for the above services? _____

3. Do you have a telephone or cell phone? Yes ____ No ____ Both ____
 - a. Do you have long distance service? Yes ____ No ____
 - b. How do you pay for the above services? _____

4. Do you have any other monthly obligations such as rent or mortgage payments, credit cards, student, personal or installment loans? Yes ____ No ____
 - a. Please specify type and monthly cost: _____
 - b. How do you pay for the above expenses? _____

5. Have you or any member of your household incurred medical expenses during the past 30 days?
Yes ____ No ____
 - a. How do you pay for the above expenses? _____

I certify that no household member has any income at the present time. The above information is true and correct to the best of my knowledge. I understand that willful misinformation regarding household income may lead to termination of any lease agreement and/or eviction and is punishable by a fine or imprisonment or both.

Signature

Date