

BOROUGH OF MANVILLE

325 NORTH MAIN STREET, MANVILLE, NJ 08835 • PHONE: (908) 725-8943
HOUSING ASSISTANCE PROGRAM • FAX: (908) 231-8620



I _____, affirm that I have no income at this time.
When my income commences, I will immediately notify the Borough of Manville 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

Tenant Name _____

Social Security Number _____

Address of Unit _____

To claim zero income in the HUD Section 8 housing program you must have no income from any source except student financial aid, resident service stipends, adoption assistance payments, earned income for full time students **EXCEPT THE HEAD OF HOUSEHOLD OR SPOUSE**, adult foster care payments, compensation from State or local job training programs, and training of resident management staff, property tax rebates, homecare payments for developmentally disabled children or adult family members, and deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum.

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 your losing your housing assistance.

I, as 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 overtime:	Yes _____	No _____
TAF or any other income from SRS:	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 _____
V.A. Benefits:	Yes _____	No _____
Baby-sitting Income:	Yes _____	No _____
Recurring periodic gifts:	Yes _____	No _____
Fees:	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 and clothing? _____

How will you pay for medical expenses? _____

How will you pay for your transportation expenses? _____

I understand that if I claim zero income for housing assistance, I must complete this form every 60 days and return it to the housing office. Failure to do so will result in my losing my housing assistance. 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 my losing my housing assistance.

Signature _____

Date _____

Signature _____

Date _____

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