

500 Fourth Street  
P O Box 277  
Crossville, IL 62821



P: 618-966-3868  
F: 618-966-2303  
whitecountyha@gmail.com

**WHITE COUNTY HOUSING AUTHORITY  
ZERO INCOME**

**WORKSHEET FOR APPLICANTS/RESIDENTS WHO CLAIM ZERO INCOME**

TYPE OF COST	CASH CONTRIBUTION RECEIVED	(If no cash given) Items contributed instead of cash	Value of material contribution	Once a Week	Once a Month	Once a Year
<b>Food</b> (groceries, meals prepared & carried in, restaurant)	\$		\$			
<b>Shelter</b> (rent and utilities)	\$					
<b>Transportation</b> (car payments, gas, car insurance, repairs, oil changes, tires, etc.)	\$					
<b>Medical</b> (out of pocket expenses)	\$					
<b>Childcare Expenses</b> (clothing, education and medical)	\$					
<b>Clothing Expenses</b> (clothes, shoes, laundry costs)	\$					
<b>Personal Hygiene</b> (soap, toothpaste, deodorant, shampoo, floss, cosmetics, hair color or, haircuts)	\$					
<b>Communication</b> (phone or internet connection)	\$					
<b>Cleaning Products</b> (dish soap, detergent, household cleaners)	\$					
<b>Paper Products</b> (napkins, toilet paper, paper towels, trash bags, diapers)	\$					

Pamela Deig  
Executive Director

Board Chairperson – Chris Birkla  
Vice Board Chairperson – Melody Nelson  
Commissioners – Iann Mick, Brent Floyd, Travis Thompson

<b>Pet or an assistance service animal:</b> (food, veterinary expenses and related supplies)	\$					
<b>Smoking</b> (cigarettes or vaping)	\$					
<b>TOTAL CONTRIBUTIONS</b>	\$		\$			

This worksheet is to be completed for all families whose income Total Tenant Payment equals the minimum rent. This form should be completed prior to admission, each recertification and . The form first lists all the cash and non-cash contribution the family is receiving and then assists PHA staff to compute the annual value of such contributions as income. The family is required to submit documentation of the amounts claimed. ALL QUESTIONS MUST BE ANSWERED. Add additional pages if necessary. Failure to complete and submit this form can result in termination of lease. The total amount is considered income and will be calculated as such.

**Additional Comments:**

---



---



---

I certify that the information presented in this worksheet is true and accurate to the best of my knowledge. The undersigned further understand (s) that providing false representations herein constitutes an act of fraud.

By my signature, I certify that the information I have provided above is true and complete.

\_\_\_\_\_  
Applicant/Resident (printed name)

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date