

## ZERO INCOME VERIFICATION CHECKLIST

EXPENSE	RECURRING EXPENSE	PAYMENT SOURCE (PERSON/AGENCY)	AMOUNT
Food	YES ( ) NO ( )		
Rent	YES ( ) NO ( )		
Electricity	YES ( ) NO ( )		
Gas	YES ( ) NO ( )		
Water/Sewer	YES ( ) NO ( )		
Laundry Products	YES ( ) NO ( )		
Shampoo/Hair Products	YES ( ) NO ( )		
Cleaning Supplies	YES ( ) NO ( )		
Automobile Payment	YES ( ) NO ( )		
Automobile Insurance	YES ( ) NO ( )		
Gasoline	YES ( ) NO ( )		
Personal Property Tax	YES ( ) NO ( )		
Auto Maintenance	YES ( ) NO ( )		
Other Transportation	YES ( ) NO ( )		
Cable/Satellite	YES ( ) NO ( )		
Video Rentals	YES ( ) NO ( )		
Sporting Events	YES ( ) NO ( )		
Other Entertainment	YES ( ) NO ( )		
Clothes/Shoes	YES ( ) NO ( )		
Other	YES ( ) NO ( )		
Other	YES ( ) NO ( )		
Other	YES ( ) NO ( )		
Other	YES ( ) NO ( )		

**ZERO INCOME VERIFICATION CHECKLIST**  
**CONTINUED**

EXPENSE	RECURRING EXPENSE	PAYMENT SOURCE (PERSON/AGENCY)	AMOUNT
Telephone	YES ( ) NO ( )		
Cell Phone	YES ( ) NO ( )		
Beeper/Pager	YES ( ) NO ( )		
Internet	YES ( ) NO ( )		
Doctor Visits	YES ( ) NO ( )		
Pharmacy	YES ( ) NO ( )		
Credit Cards	YES ( ) NO ( )		
Cigarettes/Tobacco Products	YES ( ) NO ( )		
Pet Supplies	YES ( ) NO ( )		
Other	YES ( ) NO ( )		
Other	YES ( ) NO ( )		
Other	YES ( ) NO ( )		
Other	YES ( ) NO ( )		
Other	YES ( ) NO ( )		
Other	YES ( ) NO ( )		

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date