ZERO INCOME STATEMENT OF HOUSEHOLD EXPENSE

Utilities	Does the family have cable TV, Internet service, or both? ☐ Yes ☐ No If yes, source of payment_____	**Average monthly cost** **$**_____
	Does the family have cell phone? ☐ Yes ☐ No	**Average monthly cost** **$**_____
	If yes, source of payment	
Transportation	Does the family own a vehicle? ☐ Yes ☐ No	**Average monthly cost** **$**_____
	If yes, what is the insurance payment?	**Average monthly cost** **$**_____
	If yes, what is the monthly gas payment?	**Average monthly cost** **$**_____
	Does the family use public transportation? ☐ Yes ☐ No	**Average monthly cost** **$**_____
	If yes, source of payment_____	
Contribution to the household	Provide the name(s) of anyone outside the assisted family who contributes to your monthly expenses by giving you money, paying your bills, or giving you household products.	**Average monthly contribution** **$**_____
	Name:	**Average monthly contribution** **$**_____
	Name:	**Average monthly contribution** **$**_____
	Name:	**Average monthly contribution** **$**_____
	If yes, please have the individual(s) complete the Affidavit of Support	

CERTIFICATION OF STATEMENT UNDER PENALTY OF FRAUD

I hereby certify that the information I have provided to the Pinellas County Housing Authority is true, complete, and accurate to the best of my knowledge and belief.

I understand that any misrepresentation, omission, or false statement made knowingly or willfully may be considered fraud and may result in:

- Denial or termination of housing assistance of the assisted family;
- Repayment of any benefits received based on false information; and/or
- Civil and criminal penalties as provided by federal and state law.

I further understand that this certification is made under penalty of perjury and fraud under Title 18, United States Code, Sections 1001 and 1010, and any applicable state statutes.

Head of Household
Signature: _____ Date: _____

EQUAL HOUSING OPPORTUNITY