

Applicant/Tenant Name: Jane Doe

Unit #: 115

Property Name: Cupcake Estates

**This form to be completed by the Applicant/Tenant**

**Answer all of the following:** Mark each statement as True or False as it applies to you and complete the other information indicating sources and amounts of each as applicable.

**TRUE FALSE**

1.   I have never been employed.

2.   I am unemployed. My most recent work end date is: 12/2015 I worked at: Safeways

3.   I have applied for Unemployment Benefits. Date applied: \_\_\_\_\_  
Benefits are expected to start on: \_\_\_\_\_  
If NOT; Explain: \_\_\_\_\_

4.   I am receiving Unemployment benefits. My gross weekly benefit amount is: \$ \_\_\_\_\_

5.   I receive income from the following Benefits sources-fill in the gross monthly amount for each:

<input type="checkbox"/>	VA Pension:	\$
<input checked="" type="checkbox"/>	Social Security (all forms):	\$ 1150.50
<input type="checkbox"/>	Disability:	\$
<input type="checkbox"/>	Child Support/Alimony:	\$
<input checked="" type="checkbox"/>	Other: <u>SSI</u>	\$ 250.40

6.   I receive income from the following Assistance sources-fill in the gross monthly amount for each:

<input type="checkbox"/>	TANF:	\$
<input type="checkbox"/>	Family/Friends:	\$
<input type="checkbox"/>	Other:	\$
<input type="checkbox"/>	Other:	\$

7.   I have income from a source not listed above. I receive \$ \_\_\_\_\_ per month from: \_\_\_\_\_

8.   I have no income from any source and other household members pay for all my expenses.

9.   I have no income from any source and other person/s or entities **outside my household** pay for expenses on my behalf-  
Fill in the amount paid for each item and the person or entity that makes the payment:

<input type="checkbox"/>	Rent:	\$	Paid by:
<input type="checkbox"/>	Utilities:	\$	Paid by:
<input type="checkbox"/>	Phone:	\$	Paid by:
<input type="checkbox"/>	Household supplies:	\$	Paid by:
<input type="checkbox"/>	Transportation	\$	Paid by:
<input type="checkbox"/>	Other non-food items:	\$	Paid by:
<input type="checkbox"/>	Other:	\$	Paid by:

10.   I have no income from any source and no other person or entity pays for expenses on my behalf.  
Explain how expenses are paid: \_\_\_\_\_

11.   I have secured new employment at: \_\_\_\_\_  
(Attach a copy of offer letter or other documentation from employer supporting this information).  
This employment will begin on: \_\_\_\_\_  
My gross monthly income will be: \$ \_\_\_\_\_

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. Providing false, misleading or incomplete information may result in the termination of a lease agreement.**

Jane Doe  
Printed Name of Applicant/Tenant

Jane Doe  
Applicant's/Tenant's Signature

1/1/2024  
Date

NOTE: 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 United States as to any matter within its jurisdiction.

**ZERO/VERY LOW INCOME VERIFICATION CHECKLIST**

ATTACHMENT 6-B



**CAMBRIDGE**  
real estate services

In an effort to better understand how your reported household income provides for typical household expenses, if your spouse or other occupant support the household expenses or if the total combined annual income for your household is less than \$5,000.00, please complete the form below. Although not all expenses listed may apply, please attach additional support documentation if necessary.

Property John Doe Date 1/1/2024

Resident's Last Name Cupcake Estates Apartment No. 115

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {if no, Col. E}	(E) AMOUNT
<b>FOOD</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps <input checked="" type="checkbox"/> WIC Food Bank		
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In Kind Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SHELTER COSTS</b>				
<b>Housing</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>HAP Voucher</b>		
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Electricity</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other <b>UA Reimb.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Natural Gas</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Water</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CLEANING/GROOMING</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In kind Donation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Included in food boxes
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TRANSPORTATION</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		In kind Donation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Automobile Payment</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		In kind Donation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Automobile Insurance</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gasoline</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Automobile Maintenance</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ENTERTAINMENT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Cable/Satellite</b>		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other <b>Recycle Cans</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10.00 monthly
<b>Video Rentals</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
<b>Sporting Events</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cash Contribution Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other Entertainment</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cash Contribution Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CLOTHING EXPENSES</b>				
<b>Clothes/Shoes</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contributions In Kind Donations Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Church donations
<b>Laundry</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contributions In Kind Donations Other <b>Recycle Cans</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Free- Done at friends
<b>COMMUNICATIONS</b>				
<b>Telephone</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cash Contributions In Kind Donations Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cellular Telephone</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contributions In Kind Donations Other <b>Obama Phone</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$0 per month
<b>Pager/Beeper</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cash Contributions In Kind Donations Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Internet</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contributions In Kind Donations Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cash</b>		Contributions In Kind Donations Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MEDICAL EXPENSES</b>				
		Cash Contributions Other		
<b>MISCELLANEOUS EXPENSES</b>				
<b>Alcohol and Tobacco</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Non-reimbursable Education</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Non-reimbursable Childcare</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Non-reimbursable Job Expenses</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Income is \$10.00 monthly  
Annual Income is \$120.00

**Part II**

(A) Benefit Source	(B) Eligible (If Yes, Column C)	(C) Applied (If Yes, Column D)	(D) Status
<b>SOCIAL SECURITY</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Filed 1/2023 - Pending obtain proof
<b>UNEMPLOYMENT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HEALTH AND WELFARE</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verify not received
<b>VETERANS ADMINISTRATION</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OTHER</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach receipts, applications and other documentation to the completed checklist and retain in application or tenant file.

**I hereby state that the information given above is true and complete to the best of my knowledge.**

Resident Signature John Doe Date 1/1/2024

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_