

**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	HAP Voucher 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Other <input type="checkbox"/> Yes <input type="checkbox"/> No		40.00 monthly
<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 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		20.00 monthly
<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	Cash Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No Other Recycle Cans <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25.00 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	10.00 Monthly
<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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20.00 monthly
<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>Recycle Cans</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	25.00 monthly
<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>				
<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 \$125.00 monthly  
Annual Income is \$1500.00

**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
<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	
<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 \_\_\_\_\_