ZERO/VERY LOW INCOME VERIFICATION CHECKLIST

L COULHOUSING OPPORTUNITY

CAMBRIDGE

real estate services

ATTACHMENT 6-B

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		Date1/1/2024									
Resident's Last Name Cupcake Estate	S	Apartment No115									
(A) EXPENSE	(B) RECURRING EXPENSE?		(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}		(E) AMOUNT					
FOOD	Yes	□ No									
			Food Stamps 🗸								
			WIC								
			Food Bank								
			Cash Contributions	☐ Yes	□ No						
			In Kind Donations	☐ Yes	□ No						
			Other	☐ Yes	□ No						
SHELTER COSTS											
Housing	Yes Yes	□ No	HAP Voucher	1							
			Cash Contributions	☐ Yes	□ No						
			Other	☐ Yes	□ No						
Electricity	Yes	□ No		,							
			Cash Contributions	¥ Yes	□ No	40.00 monthly					
			Other	☐ Yes	□ No						
Natural Gas	☐ Yes	☑ No		1	-						
			Cash Contributions	☐ Yes	□ No						
		. /	Other	☐ Yes	□ No						
Water	☐ Yes	₩ No									
			Cash Contributions	☐ Yes	□ No						
			Other	☐ Yes	□ No	00.00					
CLEANING/GROOMING	Yes	□ No	In kind Donation	☐ Yes	V No □	20.00 monthly					
			Cash Contribution	☐ Yes	□ No						
TRANSPORTATION		57/1 2	Other	☐ Yes	□ No						
TRANSPORTATION	☐ Yes	No	In kind Danation	□ Vaa							
			In kind Donation Cash Contribution	☐ Yes	□ No						
			Other	☐ Yes☐ Yes	□ No						
Automobile Payment	☐ Yes	√ No	Olliel	☐ 163							
Actomobile Faymeni	163	V 110	In kind Donation	☐ Yes	□ No						
			Cash Contribution	☐ Yes	□ No						
			Other	☐ Yes	□ No						
Automobile Insurance	☐ Yes	No									
			Cash Contribution	☐ Yes	□ No						
			Other	☐ Yes	□ No						
Gasoline	☐ Yes	√ No									
			Cash Contribution	☐ Yes	□ No						
			Other	□ Yes	□ No						
Automobile Maintenance	☐ Yes	∇ No									
			Cash Contribution	☐ Yes	□ No						
			Other	☐ Yes	□ No						
ENTERTAINMENT	V Yes	□ No									
Cable/Satellite			Cash Contribution	□ Yes	□ No						
			Other Recycle Cans	Yes	□ No	25.00 monthly					
Video Rentals	☐ Yes	₩ No									
			Cash Contribution	☐ Yes	□ No						
	1		Other	□ Voc							

(A) EXPENSE		(B) RECURRING EXPENSE?		URCE	(D) EXEMPT {If no, Col. E}		(E) AMOUNT
Sporting Events	☐ Yes	No No	PAYMENT SO	3		,	
		¥ 110	Cash Contribu	ution	☐ Yes	□ No	
			Other	-11011	☐ Yes	□ No	
Other Entertainment	☐ Yes	√ No		-			
Omer Emeridinnem	les	NO INO	Cash Contribu	ution	□ Yes	□ No	
			Other	UIIOII	☐ Yes	□ No	
CLOTHING EXPENSES			Offier		□ res	□ N0	
	Yes		Carab Cambrib	.4:			
Clothes/Shoes	▼ Yes	□ No	Cash Contribu		☐ Yes Yes	□ No	10.00 Monthly
			In Kind Donat	lions		□ No	10.00 Monthly
			Other		☐ Yes	□ No	20.00 monthly
Laundry	Yes Yes	□ No					20.00 monthly
			Cash Contributions		☐ Yes	□ No	
			In Kind Donat		☐ Yes	□ No	
			Other Recycle	Cans	Yes	□ No	
COMMUNICATIONS		,					
Telephone	☐ Yes	₩ No					
			Cash Contribu	utions	☐ Yes	□ No	
			In Kind Donat	tions	☐ Yes	□ No	
			Other		☐ Yes	□ No	
Cellular Telephone	Y es	□ No					
			Cash Contribu	utions	□ Yes	□ No	
			In Kind Donat	tions	□ ,Yes	□ No	
		,	Other Recycle	e Cans	Yes	□ No	25.00 monthly
Pager/Beeper	☐ Yes	M No	,				
			Cash Contribu	utions	☐ Yes	□ No	
			In Kind Donat		☐ Yes	□ No	
			Other		☐ Yes	□ No	
Internet	□ Yes	₩ No	011101				
Cash		4 110	Contributions		☐ Yes	□ No	
Casn			In Kind Donations		☐ Yes	□ No	
			Other		☐ Yes	□ No	
MEDICAL EXPENSES			Offici		<u> </u>		
MEDICAL EXPENSES			Cash Contributions				
MICCELL ANEQUIC EVERNICES			Other				
MISCELLANEOUS EXPENSES		N No					
Alcohol and Tobacco	☐ Yes	V No			☐ Yes	□ No	
Non-reimbursable Education	☐ Yes	No			☐ Yes	□ No	
Non-reimbursable Childcare	☐ Yes	V No			☐ Yes	□ No	
Non-reimbursable Job Expenses	☐ Yes	V No			☐ Yes	□ No In	some is \$105.00 mor
art II						Ar	come is \$125.00 mor nnual Income is \$150
(A)	(B	3)	(C) Applied			(D)	
Benefit Source		Eligible (If Yes, Column C)			Status		
			(If Yes, Colum		Filed 1/2023 - Pending		
SOCIAL SECURITY	7 100	□ No	*	□ No	1 116U 1/2U2	Lo - I enumy	
UNEMPLOYMENT	☐ Yes	No		□ No			
HEALTH AND WELFARE	☐ Yes	No No		□ No			
VETERANS ADMINISTRATION	☐ Yes	No		□ No			
OTHER	☐ Yes	▼ No	☐ Yes [□ No			
attach receipts, applications and other do	cumentation to th	e completes	I checklist and r	etain in a	innlication (or tenant file	
						n renum me.	
hereby state that the information give	en above is true	and comple	ete to the best	of my kr	nowledge.		
lesident Signature John Doe				-	Date 1/1/2	2024	
esideni signalore voint boo				L	Jule		
Resident Signature					Date		
<u> </u>							
Resident Signature				Г)ate		