



**HOUSING  
AUTHORITY OF  
BILLINGS**

2415 1ST AVENUE NORTH  
BILLINGS, MONTANA 59101  
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MONTANA RELAY: 711  
FAX: 406-245-0387

HAB Certification of Zero Income

Household Name: \_\_\_\_\_  
Tenant Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Part I.

1. I certify that I do not receive income from any of the following sources:
  - a. Wages from employment, including commissions, tips, bonuses, fees, etc.;
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments (TANF)
  - h. Periodic allowances such as alimony, child support or gifts received from persons not living in the household;
  - i. Sales from self employment sources (Avon, Mary Kay, Shaklee, etc.)
  - j. Monies from land, oil, mineral or water rights;
  - k. Any other source not listed above
  
2. If you are making payments to a Housing Agency for a claim owed to that agency, enter the agency name and payment amount: \_\_\_\_\_
  
3. I have no income of any kind: \_\_\_\_\_ (initial)

Part II. Please explain exactly HOW each of your expenses is being paid.

You must provide the name, address and phone number of the individual or organization providing the assistance and the amount of assistance they provide you with on a recurring basis.

Name of Person or Organization Assisting	Address	City, St Zip	Phone number (including area code)



All programs are open to all eligible persons, regardless of Race, Color, National Origin, Disability, Familial Status, Sex, Religion, Creed, Marital Status, Age, Sexual Orientation, or Gender Identity.

**DO NOT LEAVE ANY BLANK, complete answers are required. If any household item on this form is NOT ANSWERED or response is too vague, THIS FORM WILL BE RETURNED TO THE HOUSEHOLD FOR CLARIFICATION AND COMPLETENESS**

Basic Necessity	Paid By	Amount Due or Paid out Monthly	Recurring Assistance from Family, Friend or Organization (Circle One)	
Rent Are utilities included? Circle One: Yes No			Yes	No
Groceries			Yes	No
Utilities (electricity, gas, water sewer, garbage, if not included in rent)			Yes	No
Telephone			Yes	No
Cell Phone, Under what name?			Yes	No
Cable TV or Satellite			Yes	No
Car payment			Yes	No
Gas/Fuel			Yes	No
Maintenance/repairs (Auto)			Yes	No
Insurance (Auto)			Yes	No
Health, Life Insurance			Yes	No
Clothing for Family			Yes	No
Laundry & Cleaning Supplies			Yes	No
Toiletries (personal hygiene items)			Yes	No
Over Counter Medications			Yes	No
Entertainment			Yes	No
Child Care			Yes	No
Child Support			Yes	No
Education (school functions, supplies)			Yes	No
Pets (food, medications)			Yes	No
Gifts			Yes	No
Cigarettes / Tobacco products			Yes	No
Furniture, Appliances or Electronics Rental			Yes	No
Other			Yes	No
Cash received from family/friends/other (not included in above)			Yes	No

**Part III.** I certify that the information provided above is true and correct to the best of my knowledge. I understand that providing false information to avoid an increase in my household's portion of the rent, I may lose my housing assistance and/or be prosecuted by the judicial system. \_\_\_\_\_ (initial)  
 I understand that should my income status change, I will report it, in writing, on the appropriate change form within 30 days of the date of the change. \_\_\_\_\_ (initial)  
 I understand that by claiming zero income, I may be required to contact my case worker every 60 days to provide information about my household income. \_\_\_\_\_ (initial)

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Other Adult

\_\_\_\_\_  
 Date