

INSTRUCTIONS FOR  
ZERO INCOME VERIFICATION WORKSHEET

**YOU** WILL NEED TO SIGN THE **RELEASE STATEMENT**  
AND THE  
**BOTTOM OF THE FORM**

THE **GIFT PROVIDER** WILL NEED TO COMPLETE THE  
**CENTER SECTION OF THE FORM**

BASED ON THE AMOUNT YOU SPEND OUT PER MONTH,  
IN YOUR CURRENT SITUATION,  
ANYTHING YOU ANSWER **YES IN (B) COLUMN** FOR THAT EXPENSE,  
NEED TO WRITE AN **AMOUNT IN (E) COLUMN**.  
**THE TOTAL WILL BE THE AMOUNT OF THE GIFT.**

# RECURRING GIFT VERIFICATION

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

FROM: Dogwood Terrace Apartments  
ADDRESS: P. O. Box 536, Big Stone Gap, VA 24219  
MANAGER:  
TEL: (276) 523-4788 FAX: (276) 523-5141

Mr./Ms. \_\_\_\_\_ has applied for residency. As part of our processing, it is necessary to obtain verification of gift income. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your prompt response.

## RELEASE STATEMENT

I hereby authorize the above named management agent to make inquiries regarding recurring gift and contribution for the purpose of determining my eligibility for occupancy.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

I, \_\_\_\_\_, hereby certify that I contribute \$ \_\_\_\_\_ (a) per \_\_\_\_\_ (b) (frequency: weekly, monthly, yearly, etc..) to the above named household for the purpose of \_\_\_\_\_.

Are any changes to the above amount expected within the next twelve (12) months?  Yes  No  
If yes, please complete the following:  
Date of Expected Change: \_\_\_\_\_  
Anticipated Monthly Gross Amount: \_\_\_\_\_

Printed Name of Person Completing \_\_\_\_\_

Signature of Person Completing \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT/TENANT \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtain federal funds.

# RECURRING GIFT VERIFICATION

**ATTACHMENT 6-B  
ZERO INCOME VERIFICATION CHECKLIST**

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
<b>FOOD</b>	Yes No			
		Food Stamps		
		WIC		
		Food Bank		
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
<b>SHELTER COSTS</b>				
Housing	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
Electricity	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
Gas	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
Water	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
<b>CLEANING/GROOMING</b>	Yes No			
		In kind Donation	Yes No	
		Cash Contribution	Yes No	
		Other	Yes No	
<b>TRANSPORTATION</b>	Yes No			
		In kind Donation	Yes No	
		Cash Contribution	Yes No	
		Other	Yes No	
Automobile Payment	Yes No			

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
		In kind Donation	Yes No	
		Cash Contribution	Yes No	
		Other	Yes No	
Automobile Insurance	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Gas	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Automobile Maintenance	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
ENTERTAINMENT	Yes No			
Cable/Satellite		Cash Contribution	Yes No	
		Other	Yes No	
Video Rentals	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Sporting Events	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Other Entertainment	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
CLOTHING EXPENSES				
Clothes/Shoes	Yes No	Cash Contributions	Yes No	
		In Kind Donations		
		Other	Yes No	
Laundry	Yes No			
		Cash Contributions	Yes No	

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
		In Kind Donations	Yes No	
		Other	Yes No	
COMMUNICATIONS				
Telephone	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
Cellular Telephone	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
Pager/Beeper	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
Internet	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
MEDICAL EXPENSES				
		Cash Contributions		
		Other		
MISCELLANEOUS EXPENSES				
Non-reimbursable Education	Yes No		Yes No	
Non-reimbursable Childcare	Yes No		Yes No	
Non-reimbursable Job Expenses	Yes No		Yes No	

(A) BENEFIT SOURCE	(B) ELIGIBLE {If yes, Col. C}	(C) APPLIED {If yes, Col. D}
SOCIAL SECURITY	Yes No	Yes No
UNEMPLOYMENT	Yes No	Yes No
HEALTH AND WELFARE	Yes No	Yes No
VETERANS ADMINISTRATION	Yes No	Yes No
OTHER	Yes No	Yes No

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