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## ZERO INCOME QUESTIONNAIRE

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

APPLICANT/RESIDENT: \_\_\_\_\_

1. Do you have a telephone or a cell phone?  YES  NO  
If yes, how will you pay the phone bill? \_\_\_\_\_
2. Do you have cable TV or a satellite dish?  YES  NO  
If yes, how will you pay the cable TV bill? \_\_\_\_\_
3. Do you have a computer with Internet access?  YES  NO  
If yes, how will you pay the Internet bill? \_\_\_\_\_
4. Do you have a pet or pets?  YES  NO  
If yes, how will you pay for food and veterinary bills? \_\_\_\_\_
5. Do you have children that wear diapers?  YES  NO  
If yes, how will you pay for the diapers? \_\_\_\_\_
6. Do you have a car?  YES  NO  
If yes, how will you pay for gasoline and insurance? \_\_\_\_\_
7. If you do not have a car, how will you pay for transportation? \_\_\_\_\_  
\_\_\_\_\_
8. Do you smoke?  YES  NO  
If yes, how will you pay for the cigarettes? \_\_\_\_\_
9. How will you pay for food? \_\_\_\_\_
10. How will you pay for clothing and toiletries? \_\_\_\_\_
11. How will you pay your utility bill? \_\_\_\_\_

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement in addition to other legal consequences.

Signed \_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

### OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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03/01/08 HPI 318B