



Metropolitan Development and Housing Agency
Rental Assistance Department

620 Dew Street • Nashville, Tennessee 37206
Mailing Address: P O Box 846 Nashville, Tennessee 37202
Telephone (615) 252-6500 • TDD (615) 252-8599 • FAX (615) 252-6614
www.nashville-mdha.org section8@nashville-mdha.org

Name: _____ Last 4 of SS Number: _____

Address: _____

Please complete the questions below, sign, date & return to our office if you are claiming zero income as an applicant/participant of the Section 8 Housing Choice Voucher Program.

1. Do you or any family member:

- Own a business? Yes ___ No ___
Work full time? Yes ___ No ___
Work part-time? Yes ___ No ___
Receive wages, tips, bonuses or commissions for work? Yes ___ No ___
Work for someone who pays in cash? Yes ___ No ___
Receive worker's compensation? Yes ___ No ___
Receive severance pay? Yes ___ No ___
Receive child support through a court order or DHS? Yes ___ No ___
Receive child support from an absent parent? Yes ___ No ___
Receive alimony payments? Yes ___ No ___
Receive public assistance under TANF (formerly AFDC)? Yes ___ No ___
Receive Social Security payments? Yes ___ No ___
Receive SSI payments? Yes ___ No ___
Receive payments from a pension? Yes ___ No ___
Receive payments from an annuity? Yes ___ No ___
Receive payments from an insurance policy? Yes ___ No ___
Receive regular contributions from other persons or organizations? Yes ___ No ___
Receive military pay or allotment? Yes ___ No ___
Receive any other type of payments not mentioned here? Yes ___ No ___
Receive financial aid? (students) Yes ___ No ___
Receive disability or death benefits? Yes ___ No ___
Receive income from babysitting? Yes ___ No ___
Receive winnings paid in periodic payments? Yes ___ No ___

2. Please provide information of your current monthly household expenses as listed below:

- Monthly Food Stamp Allotment \$ _____
Monthly Phone Bill \$ _____
Monthly Electric Bill \$ _____
Monthly Gas Bill \$ _____
Monthly Water Bill \$ _____
Monthly Cell Phone Bill \$ _____
Monthly Car Payment \$ _____
Monthly Car Insurance Payment \$ _____
Monthly Life Insurance Payment \$ _____
Monthly Credit Card or other Debt Payments \$ _____

- 3. Do you have a checking account? Yes ___ No ___ If so, where _____
4. Do you have a savings account? Yes ___ No ___ If so, where _____



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5. Will you be applying for any of the following benefits?
- | | | |
|---------------------------|----------|---------|
| TANF (AFDC) | Yes ____ | No ____ |
| Unemployment Compensation | Yes ____ | No ____ |
| Disability | Yes ____ | No ____ |
| Workman's Compensation | Yes ____ | No ____ |
6. How do you pay rent & utilities? _____
How do you pay for food & clothing? _____
How do you pay for medical expenses? _____
How do you pay for your transportation expenses? _____

I have stated during this verification process that I have no income at this time. I understand that I must complete this form every 90 days and return it to MDHA.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to immediately to the MDHA Section 8 office.

Head of Household Signature

Date

Printed Name

Date

Other Adult Family Member Signature

Date

Printed Name

Date

Entering name or digital signature in signature field of an electronic version of this form is the same as signing the document.