



Metropolitan Development and Housing Agency

Rental Assistance Department

302 Foster Street • Nashville, Tennessee 37207
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.