



NEWPORT NEWS REDEVELOPMENT AND HOUSING AUTHORITY

P.O.BOX 797, NEWPORT NEWS, VA 23607

ph# 757-928-6070 ph#757-247-7117

SELF-CERTIFICATION FOR ZERO INCOME FAMILIES

I do hereby swear and attest that all of the information about me and my household is true and accurate. I understand all changes of income in the household for me and any member must be reported to N.N.R.H.A. within 10 working days of the change. _____ initials

NAME: _____ SS# _____ - _____ - _____
ADDRESS _____ N.N.VA, 2360 _____
PHONE#(____)____-____ CELL#(____)____-____ E-MAIL _____

If it is found to be necessary, I authorize the release of information requested by Newport News Redevelopment and Housing Authority concerning contributions received in my household.

Signature: _____ Date: _____

YOU MUST ANSWER ALL QUESTIONS - DO NOT LEAVE ANY LINES BLANK

circle one

- I receive cash in the amount of: \$ _____ per week month
- I receive monies for my groceries or prepared food valued at: \$ _____ per week month
- I receive monies for my paper products valued at: \$ _____ per week month
- I receive monies for my personal hygiene products valued at: \$ _____ per week month
- I receive monies for my cleaning products valued at: \$ _____ per week month
- I receive monies for my clothing and/or shoes valued at: \$ _____ per week month
- I receive monies for my laundry/dry cleaning valued at: \$ _____ per week month
- I receive monies for cigarettes/cigars valued at: \$ _____ per week month
- I receive monies for transportation valued at: \$ _____ per week month
- I receive monies toward the car payment in the amount of: \$ _____ per week month
- I receive monies for the operating costs (gas/insurance) of the car valued at: \$ _____ per week month
- I receive monies for the cost of cable TV service or other entertainment valued at: \$ _____ per week month
- I receive monies for the cost of telephone/cell phone service valued at: \$ _____ per week month
- I receive monies for the cost of internet connection valued at: \$ _____ per week month
- I receive monies for the cost of housing utilities - electric: \$ _____ per week month
- I receive monies for the cost of housing utilities - gas: \$ _____ per week month
- I receive monies for the cost of housing utilities - water and sewer \$ _____ per week month
- I receive monies for the cost of medical expenses valued at: \$ _____ per week month
- I receive monies for other expenses not listed valued at: \$ _____ per week month

I receive contributions from:

NAME _____ PH# _____
ADDRESS _____ CELL PH# _____
ZIP CODE _____

MY RELATIONSHIP TO THE PARTICIPANT IS: _____

Contributions are given by (circle one) cash money order check



NNRHA USE ONLY



\$ _____ x \$ _____ wk = \$ _____ total

OR

\$ _____ x \$ _____ mo. = \$ _____ total

ANNUAL INCOME \$ _____

NNRHA rep.

Date