

**CERTIFICATION OF ZERO INCOME**

(To be completed by an adult household member if appropriate)

Head of Household Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Development Name and Address: \_\_\_\_\_

**A. Within the next 12 months, will you receive income from any of the following sources?**

*You must supply additional information to verify all 'Yes' answers.*

- |   |   |
|---|---|
| Y/N Wages, bonus, commissions, tips, etc.   | Y/N Self-employment (Uber/Lyft, online sales, etc.)                                     |
| Y/N Unemployment Benefits   | Y/N Annuities, insurance policies, stocks, etc.   |
| Y/N Worker's Compensation   | Y/N Pensions, IRA, 401K   |
| Y/N Disability Payments   | Y/N Income from rental property   |
| Y/N Alimony   | Y/N Death Benefits  |
| Y/N Child Support   | Y/N Interest/dividends from assets, including bank accounts                             |
| Y/N Social Security   | Y/N Sales from Mary Kay, Tupperware, Pampered Chef, etc.                                |
| Y/N Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank) | Y/N Work for cash (babysitting, lawncare, etc.)   |
|   | Y/N Any other source (if yes, explain below) e.g. TANF/Public and/or General Assistance |

**B. Mark the ONE statement that applies to you:**

\_\_\_\_\_ I do not expect to have any source of income in the next 12 months.

\_\_\_\_\_ I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.

**C. If you have circled N for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following:**

*(write N/A if not applicable):*

- Rent *(including garage rent, if applicable)* \_\_\_\_\_
- Utilities \_\_\_\_\_
- Food \_\_\_\_\_
- Family clothing \_\_\_\_\_
- Children's school supplies \_\_\_\_\_
- Cell phone or phone \_\_\_\_\_
- TV *(cable, dish, satellite)* and/or internet \_\_\_\_\_
- Medical care \_\_\_\_\_
- Medications & prescriptions: \_\_\_\_\_
- Personal care products *(shampoo, toothpaste, etc.)* \_\_\_\_\_
- Vehicle expenses *(car payments, insurance, fuel, etc.)* \_\_\_\_\_
- Payments on credit card balances \_\_\_\_\_
- Other expenses not listed above \_\_\_\_\_
- Additional comments \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

\_\_\_\_\_  
Signature of Applicant/Tenant                      Printed Name of Applicant/Tenant                      Date

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