

Certification of Zero Income

(to be completed by adult household members only, if applicable)

Project Name _____ Unit # _____

Applicant / Tenant Name _____

For the twelve month period starting _____ and ending _____
month/year month/year

1. I hereby certify that currently I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc);
- Income from operation of a business;
- Rental income from real or personal property;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employed resources (for example, Avon, Mary Kay, Shaklee, etc.);
- Any other sources not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. Rent and other necessities will be covered in the following manner: _____

Under penalty 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 a lease agreement.

Signature of applicant/tenant

Printed Name of applicant/tenant

Date