

# CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.)

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.*

- |                                                          |                                                                                                                                                                                         |                                                          |                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wages, bonus, commissions, tips, etc.                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-employment (includes Uber/Lyft, online sales, etc.)                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment Benefits                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities, insurance policies, stocks, etc.                               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Worker's Compensation                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pensions, IRA, 401K                                                       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Payments                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Income from rental property                                               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Death Benefits                                                            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Interest/dividends from assets, including bank accounts                   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 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) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Work for cash (babysitting, lawncare, etc.)                               |
|                                                          |                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any other source (if yes, explain below)<br>_____                         |

## 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 the cost does not apply to your household)*

Rent (including garage rent, if applicable) \_\_\_\_\_

Utilities \_\_\_\_\_

Food \_\_\_\_\_

Clothing \_\_\_\_\_

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