

ZERO INCOME CERTIFICATION

To be completed by each adult household member declaring ZERO income (not applicable to minors).

Development Name: _____

Household Member Name: _____

Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)

PART 1 – INCOME SOURCES:

Do you currently receive, or anticipate receiving in the next 12 months, any income from the following sources?

INCOME SOURCE	YES	NO
Wages, Bonuses, Commissions, Tips, etc.		
Unemployment Benefits		
Workers Compensation		
Disability Payments		
Alimony/Child Support		
Social Security/SSI		
Recurring Gift Income		

INCOME SOURCE	YES	NO
Self-Employment, Gig Income, Direct Sales		
Annuities, Insurance Policies, Stocks, etc.		
Pensions, IRA, 401K		
Income from Rental Property		
Death Benefits		
Work for Cash		
Other:		

PART 2 – SURVIVAL STATEMENT:

Do you own a vehicle? Yes No

If yes, what is the monthly: Car Payment \$ _____ Insurance \$ _____ Gas/Repairs \$ _____

Source of income for monthly expenses: _____

Do you have internet at home? Yes No

If yes, what is the monthly expense: \$ _____

Source of income for monthly expenses: _____

Do you have cable/streaming subscriptions at home? Yes No

If yes, what is the monthly expense: \$ _____

Source of income for monthly expenses: _____

What was the total household expense in the past 30 days for the following?

Food	\$ _____	Source of income: _____
Clothing	\$ _____	Source of income: _____
Cleaning Supplies	\$ _____	Source of income: _____
Medical	\$ _____	Source of income: _____
Home/Cell Phone	\$ _____	Source of income: _____
Personal Hygiene	\$ _____	Source of income: _____

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our 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.

Printed Name

Signature

Date

