

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate)

Household Name: _____ Unit No. _____

Development Name: _____

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

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

2. Check (a) or (b), as applicable:

_____ (a) I have no income of any kind at this point in time and do not anticipate income from any source within the next 12 months.

_____ (b) I am not presently employed, but anticipate becoming employed within the next 12 months.

Based upon my educational background, skills, and past work experience, and with adjustments to reflect circumstances anticipated within the next year, I anticipate earning \$_____ over the next 12 months.

In support of this estimate, I have submitted:

- Most recent year's tax return, or
- Previous job and salary history, or
- Other supporting documentation _____

3. Please explain the source of funds you will be using to make your rent payments: _____

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