

CERTIFICATION OF ZERO INCOME

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

Household Name: _______Address: _____

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 busin	•		
	c. Rental income from real or persor			
	d. Interest or dividends from assets;			
	e. Social Security payments, annuities, insurance policies, retirement funds, pensions, SSI, 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, Pampered Chef, Shaklee, etc.);			
	j. Any other source not named above	/e.		
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 nex	kt 12 months.		
3)	I will be using the following sources of funds to pay for rent and other necessities:			
be:	st of my knowledge. The undersigne	he information presented in this affidavit is ed further understand(s) that providing falseading or incomplete information may resu	se represe	ntations herein
			1	,
Sigr	nature of Applicant/Tenant	Printed Name	Date	
Sigr	nature of Applicant/Tenant	Printed Name	/_ Date	/
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Sigr	nature of Applicant/Tenant	Printed Name	/_ Date	/

