HOUSING AUTHORITY
OF THE CITY OF KEY WEST, FLORIDA

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 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, 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.
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) I will be using the following sources of funds to pay for rent and other necessities:

_____

_____

Under penalty of perjury, I certify that the information presented in this affidavit 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	Date
_____	_____	_____/_____/_____
Signature of Applicant/Tenant	Printed Name	Date
_____	_____	_____/_____/_____
Signature of Applicant/Tenant	Printed Name	Date

EQUAL HOUSING OPPORTUNITY