

CERTIFICATION OF ZERO INCOME

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

Development Name:

Household Name:

Unit No.:

Address:

City, State Zip:

1. I hereby certify that I do not 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, SSI, SSDI payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Alimony, child support
- i. Recurring 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. 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. 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 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.

Printed Name of Applicant/Tenant

Signature of Applicant/Tenant and Date

State of _____ County of _____

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, Personally known by me, or proved through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document in my presence.

Notary printed name

My Commission expires: _____

Notary Signature