

CERTIFICATION OF ZERO INCOME

A "Certification of Zero Income" should be completed by adult household members only (if appropriate). If there are any sources of income listed that you (the applicant) need clarification on, please contact the Owner or Management Office Personnel.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name:	AHP Number:
Contact Name:	Contact Title:
Address:	Phone:
Email Address:	Fax:

II. THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT
<p>I _____, hereby certify that:</p> <p>A. I do not individually receive income from any of the following sources:</p> <ul style="list-style-type: none"> • Wages from employment (including commissions, tips, bonuses, fees, etc.); • Income from operation of a business; • Rental income from real or personal property; • Interest or dividends from assets; • Social Security payments; • Supplemental Security Income payments; • Payments from annuities, insurance policies, retirement funds, pensions, or death benefits; • Unemployment or disability payments; • Public assistance payments (other than food stamps); • Periodic allowances from alimony or child support; • Gifts received from persons not comprising the household; • Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, Shaklee, etc.); • Any other source not named above; AND <p>B. I currently do not have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; AND</p> <p>C. I will be using the following sources of funds to pay for rent, utilities, and/or other necessities: _____</p> <p>_____</p> <p>_____</p>

III. APPLICANT CERTIFICATION			
<p>Under penalty of perjury, I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of participation under the Affordable Housing Program (AHP).</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Household/Resident Printed Name</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Signature</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> </table>	Household/Resident Printed Name	Signature	Date
Household/Resident Printed Name	Signature	Date	

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.