

_____ Management Co. Phone: _____ Fax: _____
Address: _____ Email: _____

Certification of Zero Income

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

Household Name: _____ Unit No. _____

Development Name: _____ City _____

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. 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 to pay for rent and other necessities: _____

EXPLANATION OF HOW BASIC NECESSITIES ARE MET MONTHLY

Explain exactly HOW each of your expenses is paid.

DO NOT leave any line blank, and complete answers are required.

If any item on this form is NOT ANSWERED or response is too vague, THIS FORM WILL BE RETURNED TO THE HOUSEHOLD FOR CLARIFICATION AND COMPLETENESS. To prevent a delay in the review of your application, please make sure all information is completed.

If yes, please have your family, friend, or organization that provides you money to meet your basic needs, write a statement on the amount they assist you with on a reoccurring basis.