Certification of Zero Income

(To be completed by all adult household members – each member to use a separate form)

Name _____ Unit No. _____

Development Name _____ City _____

Do you receive income from any of the following sources, answer with a YES or NO.
All information is subject to verification from a 3rd party source.

_____ Wages (including commissions, tips, fee, etc.)
_____ Unemployment Benefits
_____ Workmen's Compensation
_____ Disability Payments
_____ Alimony
_____ Child Support
_____ Any other source not identified above

_____ Income from Operation of a Business
_____ Interest/dividends from Assets
_____ Annuities, Insurance Policies, Stocks, Etc.
_____ Pension, IRA, 401K
_____ Rental Income
_____ Sales from Mary Kay, Tupperware, etc
_____ Gifts from persons not living in your household

_____ 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.

In addition to the above claim of no household income, please provide a written explanation as to how your household intends to pay for certain services and/or necessities.

Complete all that apply:

Rent: _____

Utilities: _____

Food: _____

Family clothing: _____

Children's school supplies: _____

Telephone and/or cable expense: _____

Medical care: _____

Prescription and/or over-the-counter drug expense: _____

Personal care products such as toilet paper, toothpaste, etc.: _____

Vehicle insurance, gasoline, maintenance and up-keep: _____

Other transportation needs: _____

Garage rental: _____

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. I understand that I am required to update this information every ☐☐month;☐☐☐ 60 days;☐or ☐☐90 days.

_____ _____ _____
Printed Name of Applicant/Tenant Signature of Applicant/Tenant Date