

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, where applicable.)

Resident Name: _____ Unit No. _____

Development Name: _____ City: _____

Do you receive income from any of the following sources? Answer YES or NO for each item.
All information is subject to verification from third party source.

_____ Wages (including bonus/commissions, tips, fee, etc.) _____ Unemployment Benefits _____ Worker's Compensation _____ Disability Payments _____ Alimony _____ Child Support _____ Gifts from persons not living in your household	_____ Income from operation of a business _____ Interest/dividends from assets _____ Annuities, insurance policies, stocks, etc. _____ Pensions, IRA, 401K _____ Rental Income _____ Sales from Mary Kay, Tupperware, etc. _____ Any other source not identified above
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_____ 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 income, please provide a written explanation as to how your household intends to pay for living expenses, certain services and/or necessities. Complete all that apply (write N/A if not applicable):

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 (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.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date