

CERTIFICATION OF ZERO INCOME

Head of Household Name: _____ Tel: _____

Address: _____

A. Within the next 12 months, will you receive income from any of the following sources?

You must supply additional information to verify all 'Yes' answers.

- | | |
|---|---|
| Y/N Wages, bonus, commissions, tips, etc. | Y/N Self-employment (Uber/Lyft, online sales, etc.) |
| Y/N Unemployment Benefits | Y/N Annuities, insurance policies, stocks, etc. |
| Y/N Worker's Compensation | Y/N Pensions, IRA, 401K |
| Y/N Disability Payments | Y/N Income from rental property |
| Y/N Alimony | Y/N Death Benefits |
| Y/N Child Support | Y/N Interest/dividends from assets, including bank accounts |
| Y/N Social Security | Y/N Sales from Mary Kay, Tupperware, Pampered Chef, etc. |
| Y/N Help with paying bills or other expenses
or regular gifts of money from family or
friends who don't live with you (including
online donations such as GoFundMe or
through a local bank) | Y/N Work for cash (babysitting, lawncare, etc.) |
| | Y/N Any other source (if yes, explain below) |

B. Mark the statement that applies to you (please select only one):

- I do not expect to have any source of income in the next 12 months.
- I have been hired for a new job or I will be receiving another source of income soon. I will provide the required documentation for verification purposes within 10 days of the change.

C. Please explain how you will pay for the following (write N/A if not applicable):

Rent (including garage rent, if applicable): _____

Utilities: _____

Food: _____

Family clothing: _____

School supplies: _____

Cell phone or phone: _____

TV (cable, dish, satellite) and/or internet: _____

Medical care: _____

Medications & prescriptions: _____

Personal care products (shampoo, toothpaste, etc.): _____

Vehicle expenses (car payments, insurance, fuel, etc.): _____

Payments on credit card balances: _____

Other expenses not listed above: _____

Additional comments: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Participant/Applicant Printed Name of Participant/Applicant Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).