



Zero Income Affidavit Form

Head of Household _____ Date _____

Current Full Address _____

Mailing Address if different _____

Primary Phone _____ Alternate Phone _____

E-Mail _____

Adult household member with no income _____

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.), Unemployment, or Worker’s Compensation
 - b. Income from operating a service from home (hair stylist, baby sitting, etc.)
 - c. Income from Home-Base Business, Independent Contractor, Performed Services (including but not limited to travel agent, consultant, health billing, Avon, etc)
 - d. Rental income from real, investment, or personal property
 - e. Interest in dividends from assets (Stocks, bonds, savings account, CD, 401K, etc)
 - f. Social Security (SS), Supplemental Social Income (SSI), Social Security Disability (SSD), annuities, insurance policies, retirement fund, pension, or death benefits
 - g. Public assistance payments. Blood and/or plasma donations
 - h. Periodic allowances such as alimony, child support (court ordered or not), or gifts received from persons living in my household.
 - i. Cash for odd jobs around the neighborhood or sales (lawn service, construction, eBay Sales, Newspaper ads sales)
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 source of funds to contribute to the household and pay for rent and other necessities:

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 understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information can result in termination of the lease agreement and removal from the program.

_____ Signature of household member with no income	_____ Print name	_____ Date
_____ Signature of Head of Household	_____ Print name	_____ Date