Declaration Of Zero Income

Head of Household Name:

I hereby certify that I do not individually receive income from any of the following sources:

1. Employment **wages** including: overtime, commissions, tips, bonuses, fees etc.
2. Unemployment compensation.
3. Income from operation of a business: sales from self-employment resources.
4. Rental income from real or personal property.
5. Interest/dividends from Assets: savings/checking accounts, annuities, insurance policies, retirement funds, pensions or death benefits.
6. Social Security (SS) and/or Supplemental Security Income (SSI) benefits.
7. Public assistance payments including: General Assistance, TANF and/or SNAP.
8. Regular contributions/gifts received from person not living in the household.
9. Alimony and/or Child Support payments.

Please list the payment sources for the following expenses.
If you need additional space, please use back side of this form:

Monthly Expenses:	**Source of Funds:**	**Address of Source:**
Food. Grocery bill X 4 wks		
Communications. Telephone /cell phone, internet connection.		
Transportation. Bus fares. Taxi fares. Personal car expenses: gas, insurance, maintenance, or tires.		
Medical. Unreimburseable .		
Living. Clothing. Cleaning supplies, personal grooming and paper products.		
Entertainment. magazines, memberships, etc.		

_____ _____ _____

Tenant/Applicant Signature Printed Name Date

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. I understand that providing false, misleading or incomplete information may result in the termination of my housing assistance.

Revised: October 1, 2019