

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. | _____ Income from operation of a business |
| _____ Unemployment Benefits | _____ Interest/dividends from assets |
| _____ Worker's Compensation | _____ Annuities, insurance policies, stocks, etc. |
| _____ Disability Payments | _____ Pensions, IRA, 401K |
| _____ Alimony | _____ Rental Income |
| _____ Child Support | _____ Sales from Mary Kay, Tupperware, etc. |
| _____ Regular cash or non-cash contributions from persons | |
| _____ Not living in your household (i.e. regular gifts of money, assistance with paying bills, etc. | _____ Any other source not identified above |

_____ 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 /NA if not applicable):

Rent: _____

Utilities: _____

Food: _____

Family clothing: _____

Children's school supplies: _____

Telephone and/or cable expense: _____

Cell Phone and /or personal expenses: _____

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