

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Tenant/Applicant Name: _____ Unit # _____

Development Name: _____ Date: _____

Do you receive income from any of the following sources? Answer YES or NO for each item. All information is subject to third party verification. Complete all that apply.					
Income Type	YES	NO	Income Type	YES	NO
Wages from employment (including commissions, tips, bonuses, fees, etc.)			Unemployment or disability payments		
Income from operation of a business			Public assistance payments		
Rental income from real or personal property			Periodic allowances such as alimony, child support, or gifts received from persons not living in my household		
Interest or dividends from assets			Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)		
Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits			Any other source not named 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 changes of no income, please provide explanation as to how your household intends to pay for living expenses, certain services and/or necessities.					
Expense Type	Explanation of How The Expense is Paid (Enter N/A if you do not have to pay this expense)		Monthly Amount of Expense	Sporadic Y/N	Reoccurring Y/N
Rent			\$		
Utilities			\$		
Family Clothing			\$		
Children's School Supplies			\$		
Personal Care (toiletries)			\$		
Telephone/cell phone			\$		
Cable/Internet access			\$		
Food			\$		
Vehicle Insurance/registration			\$		
Vehicle Upkeep			\$		
Gasoline			\$		
Public Transportation			\$		
Total			\$		
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		Print Name of Applicant/Tenant		Date	
Signature of Management Witness		Title		Date	