Zero Income Self-Certification

Tenant ID

Tenant Name

Unit Address

All tenants that claim zero income must complete this form every 90 calendar days. Failure to complete this form in a timely manner may result in the termination of your housing assistance as well as your participation in the program. Additionally, any and all changes in household income and /or composition must be reported within thirty (30) calendar days of the change through the use of the Report of Change Form.

Income Source	Yes/No	Monthly	If "Yes", who receives it
Alimony Payments or Child Support		$	
Disability Benefits, Supplemental Security Income (SSI), or Death Benefits		$	
Financial assistance to attend school		$	
Military Pay		$	
Periodic Gifts		$	
Retirement Payments		$	
Self Employment		$	
Social Security Benefits or Unemployment Benefits		$	
Wages/Salaries or Worker's Compensation		$	
	TOTAL	$	

	Monthly	Paid for by (Full Name, Mailing Address, & Telephone Number/E-mail Address)
Rent and Utilities	$	
Toiletries (e.g. shampoo, soap, etc.)	$	
Food/Beverages/Cigarettes	$	
Telephone	$	
Cable/Internet/Hotspot	$	
Transport (e.g. bus, gasoline, taxi, etc.)	$	
Baby items (e.g. formula, diapers, etc.)	$	
Laundry (e.g. detergent, cleaners, etc.)	$	
Clothing	$	
Other	$	
TOTAL	$	

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

Head of Household	Date	Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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