CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.) Unit No.: _____

Head of Household Name:

Development Name and Address:

A. Within the next 12 months, will you receive income from any of the following sources?

You must supply additional information to verify all 'Yes' answers. \Box Yes \Box No Wages, bonus, commissions, tips, etc. \Box Yes \Box No Self-employment (includes Uber/Lyft, online sales, etc.) ☐Yes ☐No Unemployment Benefits \Box Yes \Box No Annuities, insurance policies, stocks, etc. \Box Yes \Box No Worker's Compensation \Box Yes \Box No Pensions, IRA, 401K \Box Yes \Box No **Disability Payments** \Box Yes \Box No Income from rental property \Box Yes \Box No \Box Yes \Box No Alimony **Death Benefits** Child Support \Box Yes \Box No \Box Yes \Box No Interest/dividends from assets, including bank accounts Direct Sales Consulting such as Mary Kay, Tupperware, Social Security \Box Yes \Box No \Box Yes \Box No Pampered Chef, etc. \Box Yes \Box No Help with paying bills or other Work for cash (babysitting, lawncare, etc.) \Box Yes \Box No expenses or regular gifts of money Any other source (if yes, explain below) \Box Yes \Box No from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank)

B. Mark the ONE statement that applies to you:

- □ I do not expect to have any source of income in the next 12 months.
- □ I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.
- C. If you have circled N for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following: (write N/A if the cost does not apply to your household)

Rent (including garage rent, if applicable)	
Utilities	
Food	
Clothing	
School supplies	
Cell phone or phone	
TV (cable, dish, satellite) and/or internet	
Medical care	
Medications & prescriptions:	
Personal care products (shampoo, toothpaste, etc.)	
Vehicle expenses (car payments, insurance, fuel, etc.)	
Payments on credit card balances	
Other expenses not listed above	
Additional comments	

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.