CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

oplicant/Tenant:		Unit #:	
1. I currently have no income of any 12 months []YES[]NO	kind and I do	not expect this to	change in the next
2. I have been living with zero income	e for	_ years and	months
3. I hereby certify that I do not individual sources: a. Wages from employment b. Income from the operation c. Rental income from real or d. Interest or dividends from e. Social Security payments, funds, pensions, or death be f. Unemployment or disability g. Public assistance payment h. Periodic allowances such persons not living in my house i. Sales from self employed regions in the payments k. Any other source not name.	(including con n of a business r personal pro- assets annuities, insenefits y payments ats as alimony, clasehold resources (Ave	nmissions, tips, bos s perty surance policies, r	onus, etc.) retirement fts from
4. The reason I have no income is:	e information p	resented in this cer	nd that providing false
(Signature of Manager)			Date