

**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