CERTIFICATION OF ZERO INCOME – TC 100 F

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

Applicant/Tenant: ____________________ Unit #: _______

1. [ ] I currently have no income of any kind and I do not expect this to change in the next 12 months. (If you have ANY income whatsoever DO NOT complete this form).

2. I have been living with zero income for ________ years and __________ months.

3. I hereby certify that I do not individually receive income from any of the following sources:
   a. Wages from employment (including commissions, tips, bonus, etc.)
   b. Income from the operation of a business or Sales from self-employed resources (Avon, Mary Kay, etc.)
   c. Rental income from real or personal property
   d. Interest or dividends from assets
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
   f. Unemployment or disability payments
   g. Public assistance payments
   h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
   i. Income from driving for Uber/Lyft
   j. Cash payments
   k. Student financial aid
   l. Any other source not named above

4. The reason I have no income is: ____________________________________________

5. I will be using the following sources of funds to pay for:
   Rent: ____________________
   Utilities: ____________________
   Food: ____________________
   Clothing and laundry: ____________________
   Transportation: ____________________
   Internet/Cable/Phone: ____________________
   Toiletries: ____________________
   Credit cards/loans/bills: ____________________

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant) ____________________ Date ____________________

(Signature of Manager) ____________________ Date ____________________