

## CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - 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 received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above (Alaska PFD, Senior Care Program, etc.).

2. Choose one:

- Currently, I have no income of any kind but I am actively seeking employment and anticipate working in the next 12 months.
- Currently, I have no income of any kind and I will not be seeking employment at this time.

3. The affordable housing program(s) that funded this development require that we identify all sources of household income. While not all sources of income are countable, staff is still required to complete these verifications. According to application previously submitted your household is currently living on zero income. Please complete the following to ensure that no countable income has been overlooked.

**For the household expenses identified in the chart below please provide clarification on the monthly expense and identify how the household is meeting that need.**

Household Expenses:	Identify monthly cost.	Detail how expense is paid.
Rent	\$	

Utilities (electric, gas, etc)	\$	
Telephone (cell phone and land line)	\$	
Cable	\$	
Food	\$	
Cleaning supplies (dish soap, multi-surface cleaners, etc.)	\$	
Hygiene items (Shampoo, toilet paper, diapers, etc.)	\$	
Laundry expenses (laundry soap, Laundromat)	\$	
Travel expenses (bus fare, gas, car insurance, etc.)	\$	
Medical expenses (doctor visits, medications, etc.)	\$	
Credit cards / charge accounts	\$	
Clothing	\$	
Tobacco / Alcohol:	\$	

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



This institution is an equal opportunity provider.