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 (Etsy, House-Sitter/Dog Walker, Babysitter/Nanny, etc.);

   j. Any other source not named above (Alaska PFD, Senior Care Program, etc.).

2. I will be using the following sources of funds to pay for the following expenses:

Expense Category	How is This Expense Paid?
Rent:	
Utilities:	
Food:	
Clothing and Laundry:	
Transportation:	
Phone / Internet / Cable:	
Toiletries / cleaning supplies	
Medical Expenses	
Credit Cards/loans/bills:	
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