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| For LHAND use only. Income Check/3 rd party verification: <input type="checkbox"/> EIV <input type="checkbox"/> Tax Form from the IRS (when EIV is not available) <input type="checkbox"/> Termination of income/benefits (if previously received income/benefits) <input type="checkbox"/> Unemployment (if previously employed) |
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ZERO INCOME CERTIFICATION

To be signed only by adult household members reporting zero income

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|---------------------------|-----------------|
| Head of Household: | Address: |
|---------------------------|-----------------|

Any adult member of your household reporting zero income must sign this form. Adult household members include, head of household, co-head, spouse, or any individual 18 and older.

By signing below, I certify that I **do not** receive any income from any source, including, *but not limited to* the following:

- **Wages from employment (including commissions, tips, bonus, etc.)**
- **Self-employment/operation of a business or profession**
- **Odd jobs (i.e. babysitting, handy-man work, house cleaning, etc.)**
- **Rental income from real or personal property**
- **Social Security, Supplemental Social Security Benefits**
- **Pensions/Annuities/Insurance policies**
- **Death benefits/Retirement funds**
- **Unemployment, Worker's Comp, or disability payments**
- **Welfare/Public assistance payments/Assistance to Families with Dependent Children**
- **Interest or dividends from assets**
- **Alimony, Child Support**
- **Regular contributions or gifts (monetary or not) from organizations or persons not living in my household**
- **Veteran's Benefits/Military pay/Government Grants**

I further certify that the LHAND has advised me that I must report in writing any change in my income within **ten (10) days** from the date of change.

By my signature I certify that the information I have provided on this certification is true and complete. I understand that providing false representation herein constitutes an act of fraud and are punishable under federal and state laws. False, misleading or incomplete information may result in the termination of housing assistance and termination of tenancy.

Name of Household Member Claiming Zero Income

Signature

Date

Name of Household Member Claiming Zero Income

Signature

Date

Name of Household Member Claiming Zero Income

Signature

Date

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| <p>Warning: Title 18, Section 1001 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.</p> |
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