CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, where applicable.)

Applicant/Tenant Name:_____ Unit No. _____
Property Name: _____ City:_____

A. Within the next 12 months, will you receive income from any of the following sources? *You must supply additional information to verify all 'Yes' answers.*

Y/N Wages, bonus, commissions, tips, etc.
Y/N Unemployment Benefits
Y/N Worker's Compensation
Y/N Disability Payments
Y/N Alimony
Y/N Child Support

Y/N Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank)

Y/N Self-employment or work for cash
Y/N Annuities, insurance policies, stocks, etc.
Y/N Pensions, IRA, 401K
Y/N Income from rental property
Y/N Sales from Mary Kay, Tupperware, etc.
Y/N Interest/dividends from assets, including bank accounts
Y/N Any other source (if yes, explain below)

_____

B. Mark the ONE statement that applies to you:

_____ I do not expect to have any source of income in the next 12 months.

_____ I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.

C. If you have circled N for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following: *(write N/A if not applicable):*

Rent (*including garage rent, if applicable*)_____
Utilities_____
Food_____
Family clothing_____
Children's school supplies_____
Cell phone or phone _____
TV *(cable, dish, satellite):* and/or internet_____
Medical care: _____
Medications & Prescriptions: _____
Personal care products (*shampoo, toothpaste, etc*.)_____
Vehicle expenses (*car payments, insurance, fuel, etc.)*_____
Other expenses not listed above_____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

_____ _____ _____
Signature of Applicant/Tenant | Printed Name of Applicant/Tenant | Date