



Certification of Zero Income

Your rental application notes that you do not expect to receive any income (you may receive income from an asset). Complete this form to provide further detail and explain how rent and other expenses will be paid.

Applicant/Tenant: _____

Unit #: _____

Part I. Income Anticipated

☐ True ☐ False I will be self-employed or have been hired for a new job that will start soon (submit verification).

☐ True ☐ False I have been approved for or awarded a regular recurring benefit that will start soon (submit verification).

Part II. Sources of Income

☐ True ☐ False I do not receive or expect to receive income from any of the sources listed below.

If you answered true, skip to Part III. If you answered false, complete the rest of Part II and submit documents to verify income. Check all sources of income:

- ☐ Wages, bonus, commissions, tips, etc.
- ☐ Self-employment or app income (for example, gig work, Uber/Lyft, online sales, etc.)
- ☐ Unemployment benefits
- ☐ Annuities, insurance policies, stocks, etc.
- ☐ Worker's compensation
- ☐ Pensions, IRA, 401K
- ☐ Disability payments
- ☐ Income from rental property
- ☐ Alimony
- ☐ Death benefits
- ☐ Child support
- ☐ Direct sales consulting (for example, Mary Kay, Tupperware, Pampered Chef, etc.)
- ☐ Social Security or SSI benefits
- ☐ Public assistance
- ☐ Work for cash (for example, babysitting, lawn care, etc.)
- ☐ 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 or payment app)

Part III. Household Expenses

Explain how the following expenses will be paid. Write N/A for any expense that does not apply to your household, is paid for by someone who lives with you, or if the sole source is from a food bank or similar public donation source.

- Rent: _____
- Childcare: _____
- Utilities: _____
- Food: _____
- Clothing and shoes: _____
- School (supplies, tuition, etc.): _____
- Phone (including cell phone): _____
- TV (Cable, Dish, Satellite): _____
- Internet and app/subscriptions: _____
- Medical care: _____
- Medications and prescriptions: _____
- Personal care products (shampoo, toothpaste, etc.): _____
- Vehicle expenses (car payments, insurance, fuel, etc.): _____
- Other transportation (bus pass, rideshare fares, parking fees, etc.): _____
- Payments on credit card balances: _____
- Other expenses not listed above: _____

Certification

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.

Applicant/Tenant Printed Name

Applicant/Tenant Signature

Date