

ZERO INCOME AFFIDAVIT

(To be completed by occupants over the age of 18 in household with no income)

Homeowner: _____

Occupant: _____

Homeowner Address: _____

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 living in my household.
 - i. Sales from self-employed resources (Avon, Mary Kay, etc.);
 - j. Any other sources not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in the certification is true and accurate to the best of my knowledge. I further understand that providing false representations here-in constitutes an act of fraud, which may result in the repayment of the grant.

Witness my signature this ____ day of _____, 20____.

Sworn and subscribed before me this ____ day of _____, 20____.

NOTARY PUBLIC

My commission Expires: _____

(Seal)