Certification of Zero Income

To be completed by each adult household member who earns zero income.

1. I hereby certify that I do not individually receive income from any of the following sources:
   a. Wages from employment, commissions, tips, bonuses, fees, etc.;
   b. Income from operating a business;
   c. Rental income from real or personal property;
   d. Interest or dividends from assets;
   e. Social Security benefit 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 or child support

2. I currently have no income of any kind and there is no imminent change expected in my financial stats or employment status during the next 12 months.

3. I will be relying on the following sources of income to pay for living expenses such as rent, food, utilities, transportation and health care:

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

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 understands that providing false representations herein constitutes an act of fraud.

__________________________________________________________
Signature            Date

__________________________________________________________
Printed Name