

Certification of Zero Income

Each adult household member claiming zero income must complete this form

Applicant/Tenant:		Unit#:	
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You have disclosed on the rental application that, *other than income derived from an asset*, you do not have any income. Please complete each part of the following to address how you will pay for rent and other household expenses.

PART I: KNOWN ANTICIPATED INCOME			
I do not expect to have any income in the next 12-months			<input type="checkbox"/> True <input type="checkbox"/> False
I have been hired for a new job that will start soon (<i>submit verification</i>)			<input type="checkbox"/> True <input type="checkbox"/> False
I have been approved for (or awarded) a regular recurring benefit that will start soon (<i>submit verification</i>)			<input type="checkbox"/> True <input type="checkbox"/> False
PART II: SOURCES OF INCOME			
I affirm, under penalty of perjury, that I do not receive income from any of the following sources. <i>If False is elected, complete the following and submit verification:</i>			<input type="checkbox"/> True <input type="checkbox"/> False
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages, bonus, commissions, tips, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-employment (includes Uber/Lyft, online sales, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities, insurance policies, stocks, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pensions, IRA, 401K
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from rental property
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Death Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security or SSI Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work for cash (babysitting, lawn care, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	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)		
PART III: HOUSEHOLD EXPENSES			
Please explain how you will pay for the following expenses (check N/A for any expense that does not apply to your household)			
Rent	<input type="checkbox"/> N/A		
Child Care	<input type="checkbox"/> N/A		
Utilities	<input type="checkbox"/> N/A		
Food	<input type="checkbox"/> N/A		
Clothing/Shoes	<input type="checkbox"/> N/A		
School (<i>supplies, tuition, etc.</i>)	<input type="checkbox"/> N/A		
Phone (including cell phone)	<input type="checkbox"/> N/A		
TV	<input type="checkbox"/> N/A		
Internet	<input type="checkbox"/> N/A		
Medical Care	<input type="checkbox"/> N/A		
Medications & Prescription	<input type="checkbox"/> N/A		
Personal Care Products (<i>shampoo, toothpaste, etc.</i>)	<input type="checkbox"/> N/A		
Vehicle Expenses (<i>car payments, insurance, fuel, etc.</i>)	<input type="checkbox"/> N/A		
Other transportation (<i>bus pass, rideshare fares, parking fees, etc.</i>)	<input type="checkbox"/> N/A		
Payments on credit card balances	<input type="checkbox"/> N/A		
Other expenses not listed above	<input type="checkbox"/> N/A		
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