ZERO INCOME CERTIFICATION

Must complete one form per adult household member reporting zero income during the Application Process

Household Name:	LHTF or PBHP #:

1. I hereby certify that I **do not** receive income from any of the following sources. (Check each box as you review each statement):

a.	Wages from employment (including commissions, tips, bonuses, fees, etc.)	☐
b.	Income from the 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 not living in my household	☐
i.	Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);	☐
j.	Any other source not named above	☐

2. Which of the following descriptions best describes your current situation? (Select only one response)

a.	I currently have no income of any kind and no change in my financial status or employment status is likely to occur during the next 12-month period. **OR**	☐
b.	I currently am actively looking for employment, although I have no source of employment at this time	☐

Below, please provide information on the sources of funds to be used to pay for living expenses in the next twelve months. **If it is not filled out in its entirety, the form will be considered incomplete, and the unit considered out of compliance.**

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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 information herein constitutes an act of fraud.

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Applicant Signature Date