

ZERO INCOME CERTIFICATION & BASIC NEEDS QUESTIONNAIRE

Form to be completed by head of household and signed by all adult household members when the household is claiming zero income.

1. I/we hereby certify that I/we do not individually receive income from any of the following sources:

- a. Wages from employment, self-employment income, or any income from the operation of a business;
- b. Unearned income from social security payments, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or unemployment benefits;
- c. Interest or dividends from assets, or rental income from real or personal property;
- d. Public assistance payments (TANF) or periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- e. Any other source not named above.

Tenant Initials

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

Tenant Initials

3. I/we will be using the following sources of funds to pay for rent and other necessities. If you do not have the expense listed, mark N/A in the monthly cost column. Do not leave blank spaces.

EXPENSE TYPE	MONTHLY COST	SOURCE OF FUNDS
Rent & Utilites (electric, gas, water)		
Cable / satellite television		
Phone / cell phone service		
Food		
Personal hygiene & cleaning supplies		
Medical expenses		
Transportation costs including auto expenses (gas, insurance, loan)		
Laundry expenses		
Clothing and shoes		
Credit card and loan payments		
Entertainment and other expenses		

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Printed Name of Applicant/Resident

Printed Name of Applicant/Resident

