



EMERGENCY RENTAL ASSISTANCE ZERO INCOME CERTIFICATION

Form to be completed by Head of Household and signed by
all adult household members if the household is claiming zero income.

Head of Household: _____

Date: _____

Applicant: _____

Application Number: _____

(For Office Use Only)

***Acknowledgement: By typing your initials or name below, you acknowledge and agree that this represents your signature and you are attesting to all information being provided on this form.**

1. I/ we hereby certify that I/ we 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 not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Child support or alimony;
- k. Any other source not named above.

*Initials

2. I/we 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.

*Initials

*Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

*Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

*Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

*Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date