



CERTIFICATION OF ZERO INCOME

(To be completed by each Household Member 18 or older with no income)

Name of Household Member: \_\_\_\_\_

- 1) I hereby certify that I do not 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. Any other source not named above
2) I currently have no income of any kind and there is no imminent change expected in my financial status or employment during the next 12 months.
3) The costs of my housing and other necessities are covered by:

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 understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of homebuyer's eligibility.

Signature of Household Member

Printed Name of Household Member

Date