

# Zero Income Affidavit

This form is to be completed by adult household members who are claiming zero income. Please complete all sections honestly and accurately. This form is intended to be printed and signed.

## 1. Tenant / Applicant Information

Full Name:

Street Address:

Unit/Apartment Number:

Phone Number:

## 2. Zero Income Certification

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

- Wages from employment (including commissions, tips, bonuses, etc.)
- Net income from the operation of a business or profession (self-employment)
- Interest, dividends, or other income from real or personal property
- Social Security, annuities, insurance policies, retirement funds, pensions, or disability benefits
- Unemployment, disability compensation, or worker's compensation
- Alimony, child support, or regular gifts/contributions from organizations or persons not residing in my household
- Any other source of public or private financial assistance

## 3. Explanation of Living Expenses

Please explain how you pay for the following basic needs (e.g., food stamps, government assistance, family gifts, charity):

How do you pay for Food?

How do you pay for Utilities (electricity, gas, water)?

How do you pay for Rent / Housing?

How do you pay for Personal Care (toiletries, clothing, phone)?

## 4. Signatures and Certification

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Printed Name of Tenant:

Signature of Tenant (Sign after printing):

Date (MM/DD/YYYY):