

SELF-DECLARATION OF ZERO-INCOME

Required for participants applying for housing assistance who have no income from any source. To be used to verify income at program entry, annual recertification, or when there are changes to household composition. MUST obtain from all adult members of the household that are 18 years or older. If participant has any income sources, documentation of that source of income must be provided instead of using this form.

Participant Name: _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business (total revenue minus business operating expenses) including any withdrawals of cash from the business for personal use.
- Monthly interest credited to an applicant's bank account and available for use.
- Monthly payments from Social Security, annuities, retirement funds, pensions, disability or other similar types of periodic payments.
- Monthly payments from unemployment, disability compensation, SSI, SSDI, or worker's comp.
- Monthly income from government agencies (ex: TANF) excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

I certify, under penalty of perjury, that I do not have any income from any regular and ongoing source at this time, and do not anticipate any income for up to 90 days.

Participant Signature: _____ Date: _____

Staff Verification

Notes: _____

Staff Signature: _____ Date: _____