

# ZERO INCOME AFFIDAVIT

## CoC 507 HUD Programs

I, \_\_\_\_\_, have applied for emergency or rental assistance. Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

**I have stated during this verification process that I have no income, up to 90 days, at this time. I have not received income since \_\_\_\_\_ . I do not expect to receive any income until \_\_\_\_\_ . I applied for \_\_\_\_\_ (other financial assistance) on \_\_\_\_\_ (date).**

*I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the \_\_\_\_\_ program, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.*

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager/Care Coordinator's Notes: