

CERTIFICATION OF ZERO INCOME

Each adult household member claiming zero income must complete this form.

Applicant/Tenant:

Unit#:

You have disclosed on the rental application that, other than income derived from an asset, you do not have any income. Please complete each part of the following to address how you will pay for rent and other household expenses.

| | |
|--|--|
| I do not expect to have any income in the next 12 months | <input type="checkbox"/> True <input type="checkbox"/> False |
| I have been hired for a new job that will start soon <i>(submit verification)</i> | <input type="checkbox"/> True <input type="checkbox"/> False |
| I have been approved/awarded a regular recurring benefit that will start soon <i>(submit verification)</i> | <input type="checkbox"/> True <input type="checkbox"/> False |

| | | |
|--|---|--|
| I affirm, under penalty of perjury, that I do not receive income from any of the following sources: <i>If false is elected, complete and submit verifications</i> | | <input type="checkbox"/> True <input type="checkbox"/> False |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wages, bonus, commissions, tips, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Worker's Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security or SSI Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Self-employment (includes UBER/Lyft, online sales, etc.) | |
| | Annuities, insurance policies, stocks, etc. | |
| | Pensions, IRA, 401K | |
| | Income from rental property | |
| | Death Benefits | |
| | Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc. | |
| | Work for cash (Babysitting, lawn care, etc.) | |

| Please explain how you will pay for the following expenses (check N/AP for any expense that does not apply to your household) | | |
|---|-------------------------------|--|
| Rent | <input type="checkbox"/> N/AP | |
| Childcare | <input type="checkbox"/> N/AP | |
| Utilities | <input type="checkbox"/> N/AP | |
| Food | <input type="checkbox"/> N/AP | |
| Clothing/Shoes | <input type="checkbox"/> N/AP | |
| School (supplies, tuition, etc.) | <input type="checkbox"/> N/AP | |
| Phone (including cell phone) | <input type="checkbox"/> N/AP | |
| TV | <input type="checkbox"/> N/AP | |
| Internet | <input type="checkbox"/> N/AP | |
| Medical Care | <input type="checkbox"/> N/AP | |
| Medications & Prescriptions | <input type="checkbox"/> N/AP | |
| Personal Care Products | <input type="checkbox"/> N/AP | |
| Vehicle Expenses (car payments, insurance, fuel) | <input type="checkbox"/> N/AP | |
| Other Transportation (bus pass, rideshare, etc.) | <input type="checkbox"/> N/AP | |
| Payments on Credit Card Balances | <input type="checkbox"/> N/AP | |
| Other Expenses Not Listed Above | <input type="checkbox"/> N/AP | |

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date