**EXHIBIT NV-2e**

**CERTIFICATION OF ZERO INCOME**

(To be completed when ENTIRE household reports zero income – All adult members)

| Household Name: |  | Unit #: |  |
| --- | --- | --- | --- |

| Development Name: |  | City: |  |
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| 1. I hereby certify that I do not individually receive income from any of the following sources: |
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* 1. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  2. Income from operation of a business;
  3. Rental income from real or personal property;
  4. Interest or dividends from assets;
  5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  6. Unemployment or disability payments;
  7. Public assistance payments;
  8. Periodic allowances such as alimony, child support, or gifts received from person not living in my household;
  9. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  10. Any other source not named above;

| 1. I will be using the following sources of funds to pay for rent and other necessities: |
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| 1. *(For recertification purposes only)* I utilized the following sources of funds to pay for rent and |
| --- |

| other necessities during the previous year: |  |
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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 a lease agreement.

| Signature of Applicant/Resident |  | Printed Name of Applicant/Resident |  | Date |
| --- | --- | --- | --- | --- |