## **CERTIFICATION OF ZERO INCOME**

(To be completed by <u>adult</u> household members only, if appropriate.)

| Na  | me of applicant declaring no income:   |  |                                       |
|-----|--|--|---------------------------------------|
| Pr  | operty address:  |  |                                       |
|     | Street   | City   | State Zip                             |
| 1.  | I hereby certify that I do not individually receive income from a  | any of the following sources:  |                                       |
|     | a) Wages from employment (including commissions, tips, bonuses, fees, etc.);   |  |                                       |
|     | b) Income from operation of a business;  |  |                                       |
|     | c) Rental income from real or personal property;   |  |                                       |
|     | d) Interest or dividends from assets;  |  |                                       |
|     | e) Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;   |  |                                       |
|     | f) Unemployment or disability payments;  |  |                                       |
|     | g) Public assistance payments;   |  |                                       |
|     | h) Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;  |  |                                       |
|     | i) Sales from self-employed resources (Avon, Mary Kay, Sh  | paklee, etc.);   |                                       |
|     | j) Any other source not named above.   |  |                                       |
| 2.  | I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.   |  |                                       |
| 3.  | I will be using the following sources of funds to pay for rent and other necessities:  |  |                                       |
| und | rtify that the information presented in this certification is true erstand(s) that providing false representations herein constitute alt in dismissal from the program.  Signature of Applicant/Tenant |  | incomplete information may            |
|     | digitatore of Applicant Tenant   | Timed Name of Applicant Tene   | in Date                               |
|     | TE OF MISSISSIPPI  |  |                                       |
| 20_ | sonally appeared before me, the undersigned authority in and, within my jurisdiction, the within namedgoing instrument.  | for the said county and state, on this, who acknowledged that he/she | day of, a/they executed the above and |
|     |  |  | (NOTARY PUBLIC)                       |
|     |  |  | My commission expires:                |