



JACKSON HOUSING AUTHORITY
 2747 LIVINGSTON ROAD JACKSON, MS 39213
 P.O. BOX 11327 JACKSON, MS 39283
 PHONE: 601-362-0885 FAX: 601-982-4733

ZERO BALANCE CERTIFICATION

In order to be eligible for continued Housing Choice Voucher (HCV) assistance, client's must be in good standing and comply with all family obligations.

In an effort to ensure program compliance the Housing Authority has implemented a zero balance policy for Section 8 clients. Section 8 clients are required to remain in compliance with the Family Obligations including, paying their portion of rent to owners each month. JHA is now requiring a zero balance statement or an account ledger if a balance is owed be provided for each client during the annual reexamination process.

Name (HOH): _____

Program (HCV, VASH, PBV): _____

Current Address: _____

City/State: _____ **Zip Code:** _____

JHA Representative Signature: _____ **Date:** _____

Please complete the below questions and return to the Housing Authority as soon as possible.

Does the above client currently have a zero balance? Yes No

If no, please indicate the amount owed by the client. _____

If a balance is owed by the client, please submit a copy of an account ledger with this form.

By signing below, I certify that the above statement(s) is true and accurate. I also understand that this form will be made a part of the client's file.

Owner Representative Name (Print): _____

Owner Representative Signature: _____

Title: _____

Date: _____

PLEASE RETURN TO THE JHA REPRESENTATIVE ABOVE:

MAIL OR HAND DELIVER Jackson Housing Authority
 2747 Livingston Road
 Jackson, MS 39213

FAX: (601) 982-4733
EMAIL: Bernadette Norman
 Quiton Garrett
 LaRosha Wells

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