

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.)

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

A. Within the next 12 months, will you receive income from any of the following sources?

(You must supply additional information to verify all 'Yes' answers.)

- Wages, bonus, commissions, tips, etc.
Unemployment Benefits
Worker's Compensation
Disability Payments
Alimony
Child Support
Social Security
Self-employment (includes Uber/Lyft, online sales, etc.)
Annuities, insurance policies, stocks, etc.
Pensions, IRA, 401K
Income from rental property
Death Benefits
Interest/dividends from assets, including bank accounts
Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
Work for cash (babysitting, lawn care, etc.)
Any other source (if yes, explain below)

B. Mark the ONE statement that applies to you:

- I do not expect to have any source of income in the next 12 months.
I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.

C. If you have marked "No" for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following: (write N/A if the cost does not apply to your household)

Rent (including garage rent, if applicable)
Utilities
Food
Clothing
School supplies
Cell phone or phone
TV (cable, dish, satellite) and/or internet
Medical care
Medications & prescriptions
Personal care products (shampoo, toothpaste, etc.)
Vehicle expenses (car payments, insurance, fuel, etc.)
Payments on credit card balances
Other expenses not listed above
Additional comments

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

Date