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| This form should be completed by all adult (18 and over) household members that did not have any sources of income (listed below) for the past 12 months. |
| **Applicant/Co-Applicant Information** |
| **Applicant Name:**  | **Co-Applicant Name:**  |
| **Name of Household Member Claiming Zero Income:**  |
| **Physical Address:**  |
| **City:**  | **State: Texas** | **Zip Code:**  |
| **Household Member Certification** |
| I hereby certify that:1. I ***do not*** individually receive income from ***any*** of the following sources:
* Wages from employment (including commissions, tips, bonuses, fees, etc.);
* Income from operation of a business;
* Rental income from real or personal property;
* Interest or dividends from assets;
* Social Security payments;
* Supplemental Security Income payments;
* Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
* Unemployment or disability payments;
* Public assistance payments (other than food stamps);
* Periodic allowances from alimony or child support;
* Gifts received from persons not comprising the household;
* Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, etc.);
	+ Any other source not named above; **AND**
1. I currently ***do not*** have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; **AND**
2. I will be using the following sources of funds to pay for rent, utilities, and/or other necessities:

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| **Signature(s)** |
| Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/we further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this document. **Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.** |
| **Household Member Printed Name:**  | **Date:**  |
| **Household Member Signature:**  |