



ZERO INCOME VERIFICATION

Form must be completed for all adults 18 and over living in household, related or not.

APPLICANT NAME: _____ **SOCIAL SECURITY #** _____

FULL ADDRESS: _____

I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. Wages from any type of employment (including commission and fees).
2. Income from the operation of a business. (Self-employment – Avon, Mary Kay, etc.)
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment
7. Public Assistance
8. Alimony or Child Support
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
10. Regular monthly cash contributions from an outside source.

I have stated during this verification process that I have no income at this time. I have not received income since _____.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify my household from participation in the CDBG program. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

I certify that the above information is true and correct.

Signature

Date

Print Name

FOR AGENCY USE

Certification conducted by: _____

Date: _____

Print Name _____