

ZERO INCOME AFFIDAVIT

(To be completed by adult household members only, if appropriate)

Household Name: _____ Unit No: _____
Development Name: _____ City: _____

1. I hereby certify that I do not individually receive income from 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 living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, 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:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

PRINTED NAME OF APPLICANT/TENANT

DATE

SIGNATURE OF APPLICANT/TENANT

DATE

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Survival Statement

1.	Do you own a vehicle?	Yes	No	Monthly Car Payment \$ _____ Monthly Auto Insurance \$ _____ Monthly Gas Expense \$ _____ Source of income for payment of car expense:
2.	Do you have internet at home?	Yes	No	How much do you spend? \$ _____ Source of income for payment of internet:
3.	Have you purchased any clothing for yourself or members of the household during the past 30 days?	Yes	No	How much do you spend? \$ _____ Source of income for payment of clothing:
4.	Have you or a member of the household incurred any medical expenses in the past 30 days?	Yes	No	How much do you spend? \$ _____ Source of income for medical expenses:
5.	Do you have telephone service in your apartment? Do you have a cell phone?	Yes	No	Monthly Telephone Cost: \$ _____ Monthly Cell Phone Cost: \$ _____ Source of income for payment of telephone and cell phone cost:
6.	Do you subscribe to cable television?	Yes	No	Monthly cable TV cost? \$ _____ Source of income for payment of cable television:
7.	Do you have any school age children?	Yes	No	How much did you spend in the past 30 days for school related costs (books, paper, pencils, lunches, fees, etc)? \$ _____ Source of income for payment of school expenses:
8.	Do you or other household members receive cash contributions for sources or persons outside the household?	Yes	No	Monthly cash contribution? \$ _____ Source of income for cash contribution:
9.	What was the total food cost for your family in the past 30 days?			\$ _____
	Source of income for food costs:			
10.	How much did you spend during the past 30 days for items such as soap, detergent, toothpaste, cigarettes, alcohol, deodorant, shampoo, toilet tissue, etc.?			\$ _____
	Source of income for the above items:			
11.	What were your utility costs for the past 30 days?			\$ _____
	Source of income for utility costs:			

I have answered truthfully to the best of my ability to the above questions.

Signature of Tenant

Date

Signature of Tenant

Date

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