# 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:

# 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.)*

❑Yes ❑No Wages, bonus, commissions, tips, etc. ❑Yes ❑No Self-employment (includes Uber/Lyft, online sales, etc.)

❑Yes ❑No Unemployment Benefits ❑Yes ❑No Annuities, insurance policies, stocks, etc.

❑Yes ❑No Worker’s Compensation ❑Yes ❑No Pensions, IRA, 401K

❑Yes ❑No Disability Payments ❑Yes ❑No Income from rental property

❑Yes ❑No Alimony ❑Yes ❑No Death Benefits

❑Yes ❑No Child Support ❑Yes ❑No Interest/dividends from assets, including bank accounts

❑Yes ❑No Social Security ❑Yes ❑No Direct Sales Consulting such as Mary Kay, Tupperware,

Pampered Chef, etc.

❑Yes ❑No Help with paying bills or other

expenses or regular gifts of money from family or friends who don’t live with you (including online donations such as GoFundMe or through a local bank)

❑Yes ❑No

❑Yes ❑No

Work for cash (babysitting, lawn care, etc.) Any other source (if yes, explain below)

# 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.

1. **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

Revised January 24, 2022