



SELF-CERTIFICATION OF ZERO INCOME: HOUSEHOLDS

This form must be signed by every adult household member of households claiming zero income.

Applicant/Participant Name Social Security Number

Applicant/Participant Address City, State Zip Code

This is to certify that no one in my household is presently employed and does not receive any income from any sources, such as unemployment, public assistance (TANF), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran's benefits, government grants, savings accounts, trust funds, gifts, etc.

I further certify that I have been advised by the BHDC that the Department of Housing and Urban Development may elect to investigate the validity of my application for increased subsidy payments.

I further certify that I have been advised by BHDC that I must report any monetary or non-monetary increase in my household's income within 15 business days from the date of the change so that the necessary rental adjustments can be made. I have also been advised that one year from the date that my household reports zero income, I must report to the office to re-verify the status of my income as long as my household continues to report zero income.

I further certify that the information given to the BHDC regarding my household's income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the BHDC.

This form must be signed by each adult household member in the presence of a BHDC staff person or Notary Public (if there are more than four adults, please have additional members sign and date the bottom of the page).

Signature of Applicant or Participant Date

Signature of Other Adult Household Member Date

Signature of Other Adult Household Member Date

Signature of Other Adult Household Member Date

BHDC Staff Signature Date

Signature of Notary Public Date

Name of Notary Public Date Commission Expires

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/or imprisoned.