

## Certification of Zero Income

**Each adult household member claiming zero income must complete this form**

<b>Applicant/Tenant:</b>	
<b>Head of Household:</b> <i>(if different from above)</i>	

You have disclosed on the personal declaration that, other than income derived from an asset, you do not have any income. Please complete each part of the following to address how you will pay for rent and other household expenses.

PART I: KNOWN ANTICIPATED INCOME			
I do not expect to have any income in the next 12 months.			<input type="checkbox"/> True <input type="checkbox"/> False
I have been hired for a new job that will start soon ( <i>submit verification</i> )			<input type="checkbox"/> True <input type="checkbox"/> False
I have been approved for (or awarded) a regular recurring benefit that will start soon ( <i>submit verification.</i> )			<input type="checkbox"/> True <input type="checkbox"/> False
PART II: SOURECS OF INCOME			
I affirm, under penalty of perjury, that I do not receive income from any of the following sources? <i>If false is selected, complete the following and submit verification.</i>			<input type="checkbox"/> True <input type="checkbox"/> False
<input type="checkbox"/> True <input type="checkbox"/> False	Wages, Bonus, Commissions, Tips, etc.	<input type="checkbox"/> True <input type="checkbox"/> False	Self-Employment (Including Uber/Lyft, Online Sales, Etc.)
<input type="checkbox"/> True <input type="checkbox"/> False	Unemployment Benefits	<input type="checkbox"/> True <input type="checkbox"/> False	Annuities, Insurance Policies, Stocks, etc.
<input type="checkbox"/> True <input type="checkbox"/> False	Worker's Compensation	<input type="checkbox"/> True <input type="checkbox"/> False	Pensions, IRA, 401K
<input type="checkbox"/> True <input type="checkbox"/> False	Disability Payments	<input type="checkbox"/> True <input type="checkbox"/> False	Income from Rental Property
<input type="checkbox"/> True <input type="checkbox"/> False	Alimony	<input type="checkbox"/> True <input type="checkbox"/> False	Death Benefits
<input type="checkbox"/> True <input type="checkbox"/> False	Child Support	<input type="checkbox"/> True <input type="checkbox"/> False	Direct Sales Consulting such as Mary Kay, Tupperware etc.
<input type="checkbox"/> True <input type="checkbox"/> False	Social Security or SSI benefits	<input type="checkbox"/> True <input type="checkbox"/> False	Work for Cash ( <i>babysitting, lawn care, etc</i> )
<input type="checkbox"/> True <input type="checkbox"/> False	Help with paying bills or other expenses or regular gifts of money from family or friends who do not live with you ( <i>Including online donations such as GoFundMe or through a local bank</i> )		
PART III: HOUSEHOLD EXPENSES			
Please indicate the average monthly expense of the following items, and explain how you will pay for those expenses (Check N/AP for expenses that do not apply to the household)			
Rent	<input type="checkbox"/> N/AP	\$	
Child Care	<input type="checkbox"/> N/AP	\$	
Utilities	<input type="checkbox"/> N/AP	\$	
Food	<input type="checkbox"/> N/AP	\$	
Clothing/Shoes	<input type="checkbox"/> N/AP	\$	
School ( <i>supplies, tuition, etc.</i> )	<input type="checkbox"/> N/AP	\$	
Phone ( <i>including cell phone</i> )	<input type="checkbox"/> N/AP	\$	
TV	<input type="checkbox"/> N/AP	\$	
Internet	<input type="checkbox"/> N/AP	\$	
Medical Care	<input type="checkbox"/> N/AP	\$	
Medications and Prescriptions	<input type="checkbox"/> N/AP	\$	
Personal Care Products ( <i>Shampoo, toothpaste, etc.</i> )	<input type="checkbox"/> N/AP	\$	
Vehicle Expenses ( <i>Car Note, Insurance, Fuel, Etc.</i> )	<input type="checkbox"/> N/AP	\$	
Other Transportation ( <i>Bus Pass, Rideshare fares, parking fees, etc.</i> )	<input type="checkbox"/> N/AP	\$	
Payments on Credit Card Balances	<input type="checkbox"/> N/AP	\$	
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 assistance. I understand that I may be required to periodically update this information as requested by the North Charleston Housing Authority.			

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date