

For MCHA use only:
Date Received:

CERTIFICATION OF ZERO INCOME



FORM TO BE COMPLETED BY EACH ADULT IN THE HOUSEHOLD MEMBER THAT IS REPORTING ZERO (0) INCOME.

▶ COMPLETE PAGE 1 AND 2, ANSWER ALL QUESTIONS, DO NOT LEAVE ANY ITEM BLANK ◀

NAME OF HEAD OF HOUSEHOLD: _____

▶ NAME OF ADULT REPORTING ZERO INCOME: _____

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE PERSON REPORTING ZERO INCOME.

DO YOU:

- Work full-time, part-time, or seasonally Yes No
- Work for someone who pays you cash for day labor Yes No
- Own or operate a business Yes No
- Receive regular contributions or does someone *outside* your household regularly pay anything on your behalf Yes No

DO YOU RECEIVE OR EXPECT TO RECEIVE:

- Unemployment Benefits Yes No
- Social Security Benefits (SSB) Yes No
- Social Security Disability (SSD) Yes No
- Supplemental Security Income (SSI) Yes No
- Temporary Assistance to Needy Families (TANF) or General Assistance (GA) Yes No
- Child support or alimony Yes No
- Utility assistance Yes No
- Supplemental Nutrition Assistance Program (SNAP) Yes No

DO YOU RECEIVE:

- Military pay or Veteran’s Benefits Yes No
- Worker’s Compensation or other disability pay Yes No
- Regular income from a pension/annuity/retirement account Yes No
- Income from assets: checking/savings account interest, certificates of deposit, Stocks/bonds, or income from rental property. Yes No
- Regular income from a trust fund Yes No
- Financial aid for college or trade school Yes No
- Regular income from recycling bottles/cans, scrap metal, etc Yes No
- Regular income from selling plasma (blood). Yes No

HAVE YOU:

- Received any regular income not listed above Yes No
- Received a lump-sum payment (SS back pay, lawsuit settlement, inheritance, etc.) Yes No

If you answered YES to any of the questions above, please explain:

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE PERSON REPORTING ZERO INCOME. ANSWER ALL QUESTIONS, DO NOT LEAVE ANY ITEM BLANK.

HOUSEHOLD EXPENSES

Please enter the amount **YOU** pay each month. If no payment is made, please write "None" or 0.

Rent: \$	Telephone: \$	Child Care: \$
Electric: \$	Cable TV: \$	Medical: \$
Gas: \$	Car Fuel/Maint: \$	Credit Card Payment: \$
Oil: \$	Car Payment: \$	Loan Payment: \$
Water/Sewer: \$	Car Insurance: \$	Rentals: \$
Garbage: \$	Other Insurance: \$	Food: \$
Personal Items: \$	Other expenses: \$	Other expenses: \$

BANK ACCOUNTS

DO YOU HAVE A BANK OR CREDIT UNION ACCOUNT? Yes No

Financial Institution name _____ Account Balance \$ _____
 Financial Institution name _____ Account Balance \$ _____

PREVIOUS EMPLOYMENT & UNEMPLOYMENT HISTORY

WERE YOU PREVIOUSLY EMPLOYED? Yes No

Employer Name _____ Employed from: _____ to: _____
 Employer Name _____ Employed from: _____ to: _____

WERE YOU PREVIOUSLY RECEIVING UNEMPLOYMENT BENEFITS? Yes No

PERSONAL CERTIFICATION

Please explain how you are currently providing for your personal needs at this time, for example, is someone else in the household providing (paying) for anything on your behalf, do you receive SNAP benefits, donations from church or other service agencies, etc. Complete the following statement must describing how you are able to provide for your needs:

► **I AM ABLE TO PROVIDE/PAY FOR MY NECESSITIES BY** _____

CERTIFICATION

I/we do hereby swear and attest that all of the information reported on this form about my family and me is true and correct. I/we understand that Marion County Housing Authority is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information or failure to disclose information requested may be grounds for termination and or denial of assistance and is punishable under Federal law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Adult Reporting Zero Income _____ Printed Name of Adult Reporting Zero Income _____ Date _____

Signature of Head of Household _____ Printed Name of Head of Household _____ Date _____