



AHP PROJECT NAME

AHP PROJECT NUMBER

Affordable Housing Program (AHP) Certification of Zero Income

This form is to be completed by adult household members of AHP-subsidized housing who are claiming zero income from any source.

NAME*

UNIT NUMBER

I hereby certify that:

- (1) 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 not living in my household
 - i) Sales from self-employed resources (Avon, Mary Kay, Amway, etc.)
 - j) Any other source not named above
- (2) Choose one:
 - Currently, I have no income of any kind, and while I am seeking employment, there is no definite job offer at this time.
 - Currently, I have no income of any kind, and I will not be seeking employment at this time.
- (3) I will be using the following sources of funds to pay for rent and other necessities:

SIGNATURE OF APPLICANT/TENANT/SPONSOR*

PRINTED NAME OF APPLICANT/TENANT/SPONSOR*

DATE

* In the event the individual household member cannot or will not identify themselves or sign this form, initials may be used in place of the individual's name, and the sponsor may sign the form.