

## ZERO INCOME AFFIDAVIT

(To be completed by adult household members only, if appropriate)

Household Name: \_\_\_\_\_ Unit No: \_\_\_\_\_  
Development Name: \_\_\_\_\_ City: \_\_\_\_\_

1. 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.*

- |  |   |
|--|---|
| <p><input type="checkbox"/> Yes <input type="checkbox"/> No Wages, bonus, commissions, tips, etc</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment Benefits</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Worker's Compensation</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Disability Payments</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Alimony</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Child Support</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Social Security</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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)</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No Self-employment (includes Uber/Lyft, online sales, etc.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Annuities, insurance policies, stocks, etc.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Pensions, IRA, 401K</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Income from rental property</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Death Benefits</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Interest/dividends from assets, including bank accounts</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Work for cash (babysitting, lawncare, etc.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Any other source (if yes, explain below)</p> <p>_____</p> |
|--|---|

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT/TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE

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Revised 1/27/2020



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### Survival Statement

1.	Do you own a vehicle?	Yes	No	Monthly Car Payment \$ _____ Monthly Auto Insurance \$ _____ Monthly Gas Expense \$ _____ Source of income for payment of car expense:
2.	Do you have internet at home?	Yes	No	How much do you spend? \$ _____ Source of income for payment of internet:
3.	Have you purchased any clothing for yourself or members of the household during the past 30 days?	Yes	No	How much do you spend? \$ _____ Source of income for payment of clothing:
4.	Have you or a member of the household incurred any medical expenses in the past 30 days?	Yes	No	How much do you spend? \$ _____ Source of income for medical expenses:
5.	Do you have telephone service in your apartment? Do you have a cell phone?	Yes	No	Monthly Telephone Cost: \$ _____ Monthly Cell Phone Cost: \$ _____ Source of income for payment of telephone and cell phone cost:
6.	Do you subscribe to cable television?	Yes	No	Monthly cable TV cost? \$ _____ Source of income for payment of cable television:
7.	Do you have any school age children?	Yes	No	How much did you spend in the past 30 days for school related costs (books, paper, pencils, lunches, fees, etc)? \$ _____ Source of income for payment of school expenses:
8.	Do you or other household members receive cash contributions for sources or persons outside the household?	Yes	No	Monthly cash contribution? \$ _____ Source of income for cash contribution:
9.	What was the total food cost for your family in the past 30 days? Source of income for food costs:			\$ _____
10.	How much did you spend during the past 30 days for items such as soap, detergent, toothpaste, cigarettes, alcohol, deodorant, shampoo, toilet tissue, etc.? income for the above items:			\$ _____ Source of
11.	What were your utility costs for the past 30 days? Source of income for utility costs:			\$ _____

I have answered truthfully to the best of my ability to the above questions.

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date

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