

# WHEDA HCV PROGRAM

## SELF CERTIFICATION OF ZERO INCOME

(Certification is Required For Each Household Member 18 and Over)

**IMPORTANT: THIS FORM IS OPTIONAL AND ONLY NEEDS TO BE COMPLETED IF YOU ARE CLAIMING NO INCOME**

I hereby certify that I receive no income from any of the following sources:

- Regular recurring contributions from persons or agencies outside the household (*complete attachment*)
- Wages and salaries
- Cash employment
- Wages earned through a government program such as: Senior Aides, Older American Community Service Employment Program, AmeriCorps, etc.
- Tips, bonuses or commissions
- Overtime pay
- Income from operation of a business, including Avon, Mary Kay, Shaklee, etc.
- Social Security and/or SSI
- Death benefits
- Pensions/retirement funds
- Annuities or non-revocable trust
- Unemployment or disability
- Military pay
- Workman's Compensation
- Public Assistance/TANF
- Alimony and/or child support
- Income from rent or sale of property
- Periodic payments from lottery winnings
- Insurance policies
- Severance pay

***Please Mark next to each statement if you agree, and then complete the signature section.***

I certify that I currently have no income at the present time.

I certify that I will notify my PHA within ten (10) business days for any changes to my household's income.

I certify that all information provided is true and complete to the best of my knowledge.

I certify that I understand deliberately lying about my income, or failing to report my income, may result in the termination of my federal rental assistance, owing money to my PHA, and it may also disqualify my household from being eligible for federal rental assistance in the future.

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**Household Member Printed Name**

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**Date Signed**

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**Household Member Signature**

***Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.***