

Zero Income Affidavit

(Separate Zero Income forms must be completed by all adult household members if applicable)

First/Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

1. I hereby certify that 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 form assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employment resources (Avon, Mary Kay, Herbalife, Thrive, etc.);
 - j. Any other source not named above.
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, utilities, and other necessities:

The United States expressly disclaims any and all responsibility or liability to the Recipient or third persons for the actions of the Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

The acceptance of this award by the Recipient does not in any way constitute an agency relationship between the United States and the Recipient.

Funds provided by US Treasury for Low Income Families.

Printed Name of Applicant/Tenant

Signature of Applicant/Tenant