

Healthy Homes Program

Certification of Zero Income

Name of household occupant declaring no income:_____

Property Address:_____

Street

City

State

ZIP

1. I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business or rental income from property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment, disability payments, or public assistance payments
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- Sales/receipts from self-employed or contract resources (Uber, LYFT, Mary Kay, etc.)
- Any other source not named above.

2. I currently have no income of any kind and there is no 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 my necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge.

Signature of Declaring Occupant

Date

