



## VERIFICATION OF ZERO INCOME

Head of Household: \_\_\_\_\_

Participant Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Sex: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

\_\_\_\_\_ I certify that I have no income from any source at this time. **I agree to notify the Section 8 program within ten (10) days of the receipt of any income, anticipated income or situations that may result in income.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*~~~~~*

\_\_\_\_\_ I certify that \_\_\_\_\_ resides with me and receives no income at this time. I also certify that I receive no income on behalf of this person. **I agree to notify the Section 8 program within ten (10) days of the receipt of any income or anticipated income that the person listed above receives.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

**Income includes:** all money from all sources, earned or unearned, income from assets, rental property income, self-employment, regular gifts of money or items, public assistance, Social Security, unemployment or Worker's Compensation, child support, maintenance, etc.