



CERTIFICATION OF ZERO INCOME HOUSEHOLD

Head of Household Name: _____

Last 4 digits of Head of Household's Social Security #: _____

Do you or anyone in your household currently receive any income? Income includes but is not limited to (you ***must*** select YES or NO for each of the following):

1. Employment: wages, overtime pay, commissions, on call hours, tips and bonuses
YES NO
2. Net income from self-employment, independent contracting, or from rental property
YES NO
3. Regular payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or other similar types of payments
YES NO
4. Payments in lieu of earnings, such as unemployment, short and/or long-term disability compensation, worker's compensation, and severance pay
YES NO
5. Public assistance (MFIP, General Assistance, MSA, Housing Grant, etc.) excluding food support & MA
YES NO
6. Alimony and child support payments (whether through the court system or not)
YES NO
7. Regular monetary contributions from family and/or friends (including cash, Venmo, PayPal, Zelle, etc.)
YES NO
8. How do you pay your monthly household expenses? (**Response required**):

By signing this form, I certify no income is currently received by any members in my household:

I understand that in accordance with the family obligations of the Minneapolis Public Housing Authority's Housing Choice Voucher program that I sign upon admission and recertification, ***I must notify Minneapolis Public Housing Authority in writing within thirty (30) days of any changes in income received by any member of my household.*** I also understand that should I fail to report income received, I may be terminated from the Housing Choice Voucher program and/or may be required to repay MPHA for any rent overpaid to the property owner on my behalf. I understand that the above explanation may require verification.

I hereby certify that the information given to MPHA HCV Program regarding household income is accurate and complete to the best of my knowledge. Providing false statements/information is punishable under Federal Law and are grounds for termination of Housing Assistance.

Head of Household Signature

Date



English

This information is important, if you do not understand it, please call your MPHA representative, for free language assistance

Hmong

Yog koj tsi to taub txog cov nqi lust seem ceeb no, thov hu mus rau ntawm tsev luam qhov chaw ua hauj lwm MPHA peb yuav pab ntxhais rau nej

Somali

Halkan waxaa ku qoran war ama akhbaar aad u muhim ah, haddii aad fahmi kari weydo, fadlan ula tag wakiilka hay'adda MPHA, si aad tarjumaad bilaash ah uga hesho.

Oromo

Beeksifni kun hedduu barbaachisaa dha. Yaadni isaa hoo isiniif hin galle ta'e, bakka bu'aa "MPHA" (Bulchiinsa Mana Mootummaa Magaalaa Minneapolis) akka afaan isiniif hiikamu gargaarsa tolaa gaafadhaa.

Amharic (Ethiopian)

ይህ መረጃ በጣም አስፈላጊ ነው። ምን እንደሚል የማይገባዎ ከሆነ ከ MPHA (የሚንያፖሊስ የመንግስት የመኖሪያ ቤቶች ባለስልጣን) ወኪል ጋር ተገናኝተው በነጻ የሚሰጥ የቋንቋ[ማስተርጓሚ] እርዳታ እንዲሰጥዎ ይጠይቁ።

Laotian

ຖ້າຫາກວ່າທ່ານບໍ່ເຂົ້າໃຈໃນຂໍ້ຄວາມສໍາຄັນນີ້, ທ່ານຕ້ອງໄຫໂປຫາທັງ ຫ້ອງການເຮືອນຫລວງ MPHA ພວກເຮົາຈະຊ່ວຍອະທິບາຍໃຫ້ທ່ານ.

Spanish

Esta información es importante, si usted no lo entienda, por favor póngase en contacto con MPHA para asistencia lingüística gratuita.