



Zero Income Certification

Applicant Name _____

Address _____

Phone _____ Email _____

- I hereby certify that I do not currently have **income** of any kind for the past 30 days. 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
 - Rental income from real estate or personal property
 - Interest or dividends from assets
 - Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
 - Unemployment or disability benefits
 - Public assistance payments
 - Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
 - Sales from self-employed resources (Avon, Mary Kay, Amway, etc.)
 - Donations from on-line medical fundraisers (GoFundMe, Facebook Fundraiser, etc.)
 - Any other source not listed above that generates income

I certify that the information presented in this certification is true, accurate and complete to the best of my knowledge. The undersigned further understands that providing false representations or information constitutes an act of fraud and may have legal consequences.

Signature of Applicant

Print Name

Date