

CERTIFICATION OF ZERO INCOME HEAD OF HOUSEHOLD or MEMBER OVER 18

Head of Household Name _____

Family member over 18 Name (if applicable) _____

SSN _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Email address _____

I understand that if and when, myself or any member of my household, begins to receive any income, I am to report this immediately to the Section 8 Office. I am aware that false statements or failure to report income will represent fraud. I understand that any misuse of my utility reimbursement will result in termination of my eligibility for rental assistance.

Fill out this section completely.

- I am currently attending school or training institution (name) _____
Employed through **Ready to Work** _____ **Work Study** _____
- A member of my family (name) _____ is currently attending school or training institution (name) _____
- I am currently seeking employment and have placed recent applications at (list) _____
- I currently receive **(circle all that apply)** or someone in my household currently receives.
SS/SSI Unemployment K-TAP/TANF SNAP/ Food Stamps Child Support VA/Pension
- I have applied for or benefits are pending **(circle all that apply)** for myself or someone in my household
SS/SSI Unemployment K-TAP/TANF Food Stamps Child Support VA Pension
- I started working at _____ Employer Start Date _____
- My family Member (name) _____ started receiving
____ SS/SSI ____ Unemployment ____ KTAP/TANF/SNAP ____ Child Support
____ VA/Pension ____ Wages from Employer _____ Hired _____

I do hereby attest that there has been no additional income or expenses to the household at my address for the past 30 days other than reported on the zero Income Checklist.

Head of household Signature _____ Date _____

Signature member over 18 _____ Date _____

Signature member over 18 _____ Date _____