



### Zero Income Certification

CDBG Administrator: *Houston-Galveston Area Council*

Contract Number:

Household Member Name:

Address:

Phone:

Cell:

Fax:

Email:

**A "Zero Income Certification" form must be completed and signed by each household member age 18 or older claiming they *do not* receive income of any kind.**

**WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

1. I hereby certify that I DO NOT individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments other than food stamps;
  - h. Periodic allowances such as alimony, child support, or gifts/contributions from persons not living in my household;
  - i. Sales from self-employed resources (including Avon, Mary Kay, Home Interior Designs, food/clothing carts, etc.);
  - j. Any other source not named above; AND
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months; AND
3. I will be using the following sources of funds to pay for rent, utilities, and/or other necessities:

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#### Household Member Certification

Under Penalty of Perjury, I hereby certify that the information provided to the program administrator in this Zero Income Certification is true, correct, and complete. I agree to provide additional information to the program administrator upon request.

Signature of Household Member

Date