



ZERO INCOME VERIFICATION

APPLICANT NAME: _____ **SOCIAL SECURITY #:** _____

ADDRESS: _____

I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. Wages from any type of employment (including commissions and fees)
2. Income from the operation of a business (self-employment – Avon, Mary Kay, etc.)
3. Rental income from real or personal property
4. Interest or dividends from assets
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits
6. Unemployment benefits
7. Public Assistance (MN Family Investment Program (MFIP), General Assistance GA), MN Supplemental Assistance (MSA), etc.)
8. Alimony, Maintenance and/or Child Support
9. Educational Grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books
10. Regular monthly cash contributions from an outside source (ex-husband, father, mother, brother sister, aunt, uncle, etc.) to assist with monthly debt
11. **And**, I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve (12) consecutive months.

A copy of your most current SIGNED Federal Income Tax Form must be attached.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand what information is being requested and the ramifications of my not providing complete and truthful responses.

PRINT NAME

SIGNATURE (zero-income household member)

DATE

(This form must be completed by any individual 18 years or older, who reside in the property)