UNEMPLOYED AND/OR ZERO INCOME CERTIFICATION

Applicant/Tenant Name:	Unit #:
Project Name:	
This form is to be completed by the Applicant/Te	enant
Most Recent Employment Termination Date (if a	applicable):
Number of Months Unemployed:	
Check all that Apply:	
☐ I have secured new employment and my new	employment will begin on:
I will be earning the following annual income (Attach offer letter or other documentation su	e in the next 12 months: \$upporting income from secured employment.)
☐ I am currently unemployed and receive unem	nployment benefits. My weekly benefit amount is: \$
	e unemployment benefits, but DO receive unearned income (i.e. SS, urce(s):
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ceive unemployment benefits with no plan to return to work.
☐ I have ZERO income and hereby certify to	the following:
f. Unemployment or disability paymeng. Public assistance payments;	commissions, tips, bonuses, fees, etc.); ; property; insurance policies, retirement funds, pensions, or death benefits; tts; ild support, or gifts received from persons not living in my household; (Avon, Mary Kay, Shaklee, etc.);
2. No other party pays for items (such as re	nt, household goods, etc.) on my behalf.
3. I will use the following sources of funds	to pay for rent and other necessities:
knowledge. The undersigned further understand(s	ation presented in this certification is true and accurate to the best of my) that providing false representations herein constitutes an act of fraud. tion may result in the termination of a lease agreement.
Signature of Applicant/Tenant	Printed Name of Applicant/Tenant Date

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.