



AHP/FFD Certification of Zero Income

Name of Household Member who does not earn income: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Project Owner Certification

I certify that I do not currently receive income from any of the following sources through present date as indicated with my signature below:

- Wages/salaries from employment including commissions, tips, bonuses, fees, etc;
- Income from the operation of a business;
- Rental income from real or personal property;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such alimony, child support, or gifts received from persons not living in my household;
- Social security payments, annuities, pensions, insurance policies, retirement funds or death benefits;
- Veteran’s benefits;
- Supplemental social security income; and
- Any other income sources not noted previously.

Additional Comments:

Please check at least one box below:

- There is no expected change in my financial status or employment status for the next 12 months.
- I am currently a student. Expected graduation date is _____

Under penalty of perjury, I certify that the information presented above is true and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the Affordable Housing Program/First Front Door Program. If requested, I will fully cooperate with any request to provide documents to verify the information provided herein.

Signature of Person who does not earn income

Date

Print Name