## **CERTIFICATION OF ZERO INCOME**

(To be completed by all adult household members with no reported income)

Applicant/Tenant:		Unit #:	
I currently have no income of a     The state of the	ny kind and	I do not expect this to	change in the next
2. I have been living with zero inco	me for	years and	months
3. I hereby certify that I do not ind sources:  a. Wages from employme b. Income from the operat c. Rental income from read. Interest or dividends from the e. Social Security payment funds, pensions, or death f. Unemployment or disab g. Public assistance payment h. Periodic allowances surpersons not living in my hearing in the second payments with the payments for the source not not the source not not the source of the source is source.	ent (including tion of a bus al or persona om assets onts, annuities benefits benefits cility payment nents ch as alimorousehold ed resources amed above	g commissions, tips, be siness al property s, insurance policies, r ats ny, child support, or git s (Avon, Mary Kay, etc	onus, etc.) retirement fts from
	·		
5. I will be using the following sour Rent: Utilities: Food: Clothing: Transportation: Internet/Cable/Phone: Toiletries: Credit cards/loans/bills: Under penalty of perjury, I certify tha accurate to the best of my knowledge representation herein constitutes an	at the informate. The under	tion presented in this cer rsigned further understar False, misleading or inc	nd that providing false
may result in the termination of a lea	se agreemer	it.	
(Signature of Tenant)			Date
(Signature of Manager)			Date