

## CERTIFICATION OF ZERO INCOME

### Housing Opportunities of SW Washington

This form is to be completed by all adult (18 years or older) household members of subsidized housing who are claiming zero income from any source.

1. I \_\_\_\_\_ (please print your name)  
am not presently receiving any kind of income. I understand that income includes but is not limited to:
- a. the full amount, before any payroll deductions (gross) wages, salaries, overtime pay, commissions, fees, tips and bonuses and all other compensation for personal services;
  - b. net income from operation of business or contract service (Newspaper delivery, taxi driver, Avon, Mary Kay, Amway, Etc);
  - c. interest, dividends and other net income of any kind from real estate (rental) or personal property;
  - d. the full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits;
  - e. payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
  - f. welfare assistance including TANF, AFDC, HEN, GAU, GAX;
  - g. periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from persons not residing in the dwelling;
  - h. all regular pay, special pay and allowances of a member of the armed forces;
  - i. cash value in exchange for services, i.e. trade, barter, vehicle title transfer, etc.

2. Choose one:

- Currently I have no income of any kind. **I am seeking employment**, but there is no job offer at this time.
- Currently I have no income of any kind, and **I am not seeking employment** at this time.

I certify under penalty of perjury that I do not have any type of income. I understand that I am required to notify Housing Opportunities of SW Washington **in writing** within ten (10) calendar days if I begin receiving income from any source, and that failure to notify HOSWWA will result in termination from the assistance program, reduction of benefits and/or repayment of overpaid benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_