



Housing & Redevelopment Authority

**ZERO INCOME CERTIFICATION -----READ CAREFULLY**

**This form must be completed by the adult household member that does not have any sources of income listed below.**

**Applicant's Information**

**NAME OF HEAD OF HOUSEHOLD:**

**Name of Adult with Zero Income:**

**Household Member Certification**

I, \_\_\_\_\_ hereby certify that:

**A. I do not** individually receive income from *any* of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments;
- Supplemental Security Income payments;
- Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments (other than food stamps);
- Periodic allowances from alimony or child support;
- Gifts received from persons not comprising the household;
- Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, etc.);
- Any other source not named above; **AND**

**B. I currently do not** have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; **AND**

**C. I understand that I must report changes in any of my income whether it is earned or unearned to the City of Owatonna HRA within 10 working days of knowing of the change.**

**Signature**

Under penalties of perjury, I certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this document.

**Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001.**

**Signature of Adult with zero income:**

**Date:**

