



## ZERO INCOME CERTIFICATION

I, \_\_\_\_\_ residing at \_\_\_\_\_ do, hereby certify that I am not employed and that I do not have ANY source of income, earned or unearned. In the event I do become employed or begin receiving income from any source, I will report that income in writing, to my assigned Housing Specialist within ten (10) business days. I further understand that until I am employed or begin receiving income from any source I must complete a Zero Income Certification every 90 days and turn it into my Housing Specialist.

I have the following Household Expenses:

In the following chart, list the Monthly average amount all household members pay for each item listed. If the expense does not apply to you write "No" or "None." Do not leave any spaces blank. If you have other expenses not listed here please include them on the back of this form (name of expense and amount paid monthly).

Rent	\$	Car payment	\$	Loan payment	\$
Gas	\$	Gasoline for car	\$	Credit cards	\$
Electricity	\$	Car insurance	\$	Life insurance	\$
Water	\$	Car maintenance	\$	Medical bills	\$
Trash & Sewer	\$	Public transportation	\$	Medical insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food	\$
Telephone	\$	Cell phone	\$	Other/Personal Spending	\$
<b>TOTAL MONTHLY EXPENSES</b>					\$

Please explain how you pay these expenses each month:

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I certify the information on this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Family member age 18 and over with zero income

\_\_\_\_\_  
Date

County of Wake  
State of North Carolina

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_  
(Name of person signing document)

\_\_\_\_\_  
Notary Public  
Registration #: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**WARNING: SECTION 1001 OF THE TITLE 18 OF THE UNITED STATES CODE MAKE IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.**