

**CERTIFICATION OF ZERO INCOME**

Head of Household Name:	
Unit Address:	Phone:

**I hereby certify that no one in my household receives income from any of the following sources:**

1. Employment wages including: overtime, commissions, tips, bonuses, fees etc.
2. Unemployment compensation.
3. Income from operation of a business: sales from self-employment resources.
4. Rental income from real estate or personal property.
5. Interest/dividends from Assets: savings/checking accounts, annuities, insurance policies, retirement funds, pensions or death benefits.
6. Social Security (SS) and/or Supplemental Security Income (SSI) benefits.
7. Public assistance payments including: General Assistance, TANF
8. Regular contributions/gifts received from person not living in the household.
9. Alimony and/or Child Support payment

**Under penalty of perjury, I certify** that the information presented in the certification is true and accurate. I further understand that providing false information is an act of fraud. I understand that providing incorrect or incomplete information may result in termination.

Head of Household Signature	Printed Name	Date
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Other Adult Member	Printed Name	Date
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Other Adult Member	Printed Name	Date
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**\*If there are other adult members in household, please sign on back.**

**Questions – Contact MaineHousing at 624-4600 or [eshaphelpdesk@mainehousing.org](mailto:eshaphelpdesk@mainehousing.org)**