

CERTIFICATION OF ZERO INCOME

(Updated: 01-06-23)

Head of Household Name _____

Development Name and Address: Cheyenne Housing Authority, PO BOX 20046, Cheyenne, WY 82003

A. Within the next 12 months, do you expect to receive income from any of the following sources?

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Wages, bonus, commissions, tips, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No Worker's Compensation
<input type="checkbox"/> Yes <input type="checkbox"/> No Disability Payments
<input type="checkbox"/> Yes <input type="checkbox"/> No Alimony
<input type="checkbox"/> Yes <input type="checkbox"/> No Child Support
<input type="checkbox"/> Yes <input type="checkbox"/> No Social Security
<input type="checkbox"/> Yes <input type="checkbox"/> No Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank) | <input type="checkbox"/> Yes <input type="checkbox"/> No Self-employment (includes Uber/Lyft, online sales, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No Annuities, insurance policies, stocks, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No Pensions, IRA, 401K
<input type="checkbox"/> Yes <input type="checkbox"/> No Income from rental property
<input type="checkbox"/> Yes <input type="checkbox"/> No Death Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No Interest/dividends from assets, including bank accounts
<input type="checkbox"/> Yes <input type="checkbox"/> No Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No Work for cash (babysitting, lawncare, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No Any other source
If yes, explain below:

_____ |
|--|---|

If you marked yes to any of the above, please explain and provide verification

B. If you do not have a current source of income, explain how you will pay for the itemized expenses listed in the table below. If a private party (parent / friend, etc...) pays for the expense(s) please provide (attach) a written statement from them stating how much and how often they pay. Additional verification may be required.

Resources	Name the specific Agency or provide the name of the private party (Parent / Friend etc.) <i>Write N/A if the cost does not apply to you household</i>	If paid by private party List amount and frequency
Rent (including garage rent, if applicable)		
Utilities		
Food		
Clothing		
School Supplies		
Cell Phone or phone		
TV (cable, dish, satellite), internet		
Medical Care		
Medications and prescriptions		
Personal care products (shampoo, toothpaste, etc.)		
Vehicle expenses (car payments, insurance, fuel, etc.)		
Payments on credit card balances		
Other		

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my voucher/lease agreement. I understand that I may be required to periodically update this information as requested by CHA.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date