## **CERTIFICATION OF ZERO INCOME**

To be completed by Head of Household

Head of Household Name:

Unit No.:

Development Name and Address: Cheyenne Housing Authority, PO BOX 20046, Cheyenne, WY 82009

## A. Within the next 12 months, will you receive income from any of the following sources?

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

## **B.** Mark the ONE statement that applies to you:

- □ I do not expect to have any source of income in the next 12 months.
- □ I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.
- C. If you have checked N for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following: (write N/A if the cost does not apply to your household)

Rent (including garage rent, if applicable)	
Utilities	
Food	
Clothing	
School supplies	
Cell phone or phone	
ΓV (cable, dish, satellite) and/or internet	
Medical care	
Medications & prescriptions:	
Personal care products (shampoo, toothpaste, etc.)	
Vehicle expenses (car payments, insurance, fuel, etc.)	
Payments on credit card balances	
Other expenses not listed above	
Additional comments	

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 lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.