CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.)

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 supply 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 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)	❑Yes ❑No	Work for cash (babysitting, lawncare, etc.)
		❑Yes ❑No	Any other source (if yes, explain below) _____

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 _____

TV *(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.

_____	_____	_____
Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date