

ZERO INCOME CERTIFICATION

**To be completed by each adult member (18 years old and older) who claims to have no income
Use a separate form(s) for each adult member claiming to have no income.**

Date: _____

Name of Head of Household: _____

Household Address: _____

Name of Occupant: _____ Social Security # _____

I certify that I am not receiving income from any source and verify that I am not:

- | | | |
|--|-------|-----------------|
| 1. Employed through any private or public employer | _____ | initials |
| 2. Receiving unemployment compensation benefits | _____ | initials |
| 3. Receiving Social Security Administration benefits | _____ | initials |
| 4. Receiving Public Assistance (PA), or Veteran's benefits | _____ | initials |
| 5. Receiving income from any source | _____ | initials |
| 6. On maternity leave without pay | _____ | initials |
| 7. Receiving any contributions from friends, relatives, agencies, churches, etc. | _____ | initials |

Please remember to initial to certify that you are not receiving income from any sources as indicated above

I understand that I must immediately report any changes in income and family compensation. I understand that a recertification will be performed for all family members 18 years of age or older every ninety (90) days if the entire family is reporting that the household has no income. I understand that failure to report all family incomes is a violation of the Family Obligations under the terms of the Housing Choice Voucher Program and may lead to termination of assistance to the family. I certify that the above mentioned is true and correct to the best of my knowledge.

OTHER HOUSEHOLD MEMBER Signature

Date

Head of Household Signature

Date

WARNING! False statements are a basis for rejection of your application, eviction or termination from a Program and may be a criminal offense under Section 1001 of title 18 of the U.S Code for federally aided developments.

Please note that you can ask for a reasonable accommodation to use HAPGC housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.

