



Certification of Sporadic or Zero Income

Complete a separate form for each household member 18 years or older with sporadic, or zero income.

Applicant / Tenant:	Effective Date:
Development Name:	Unit Number:

Another household member _____ pays for all household expenses.
(Check only if another household member pays for all household expenses and then sign page 2).

#	Yes	No	COMPLETE EACH ITEM:
1			Have you been employed in the last 12 months? If yes, what is the income earned in the last 12 months: \$ _____
2			Do you expect to be employed at all in the next 12 months? If yes, what is the amount expected to be earned in the next 12 months: \$ _____
3			Do you pay rent? If yes, how do you plan to pay rent for the next 12 months? _____
4			Do you ever perform odd jobs such as construction jobs, field work, babysitting, seamstress work, preparation of meals, etc.? If yes, what is the income earned in the last 12 months: \$ _____
5			Do you have money deposited in any bank?
6			Do you have recurring monthly or quarterly medical expenses such as prescriptions, routine medical care, etc.? If so, how do you pay the monthly balance? _____
7			Does any person provide you with money, on a regular basis, to pay for rent, meals, child care, utilities, automobiles or any other regular expense? If so, What kind of help? _____ How often? _____ Total financial assistance to be provided in next 12 months: \$ _____
8			It is required that you maintain all required utilities when occupying the unit. In the past months did you pay any of the following? Rent? _____ Last month's rent amount? \$ _____ Paid by? _____ Electricity/Gas? _____ Last bill amount? \$ _____ Paid by? _____ Telephone/Cell phone? _____ Last bill amount? \$ _____ Paid by? _____ Cable/Satellite/Internet? _____ Last bill amount? \$ _____ Paid by? _____

#	Yes	No	COMPLETE EACH ITEM:
9			<p>Do you have an automobile? If so, the registration and insurance must be maintained.</p> <p>What is the monthly automobile payment? \$ _____</p> <p>How will you pay for your automobile payment? _____</p> <p>How much was your annual registration last year? \$ ____ How will you pay for the annual registration? _____</p> <p>How much is your annual automobile insurance? \$ _____</p> <p>How will you pay for the automobile insurance? ____ How will you pay for gas and maintenance? _____</p>
10			<p>If you do not have an automobile, do you have another form of transportation? If yes, what is your form of transportation? _____</p>
11			<p>It is required that you maintain the unit in a decent, safe and sanitary manner. Do you purchase supplies necessary to maintain the unit? (i.e. dishwashing liquid, cleaning supplies, etc.)</p> <p>If yes, how will you pay for these supplies? _____</p>
12			<p>Do you purchase food? If yes, how do you pay for food? \$ _____</p>
13			<p>Do you have a washer and dryer? If no, how do you pay for laundromat expenses? _____</p>
14			<p>Do you have a pet or an assistance animal? If so, how do you pay for food, veterinary expenses and supplies? _____</p>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date