

# Zero Income Verification

Agency:  BVCAP  CAPLSC  CAPMN  CNCAP  UWM  NENCAP  NWCAP  SENCA

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## CERTIFICATION OF ZERO INCOME

### (1) I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

- a. Wages and salaries from any type of employment (including commissions and fees)
- b. Income from the operation of a business (self-employment – Avon, Mary Kay, etc.)
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits
- f. Unemployment benefits
- g. Net gambling or lottery winnings
- h. Alimony
- i. Educational grants and/or scholarships or veterans benefits available for subsistence after deducting expenses for tuition, fees, and books
- j. Regular monthly cash contributions from an outside source (ex-husband, father, mother, brother, sister, aunt, uncle, etc.) to assist with monthly debt.

(2) In the past months when you say you have had minimal, or no income, how did you pay for rent, utilities and other necessities? \_\_\_\_\_

(3) Do you receive any contributions that are not explained above?  Yes  No  
If yes, explain: \_\_\_\_\_

(4) Did you file a Federal Income Tax Return last year?  Yes  No

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand what information is being requested and the ramifications of my not providing complete and truthful responses.

Print Name First, \_\_\_\_\_ Last \_\_\_\_\_

**Sign Here** Applicant Signature (zero income household member) \_\_\_\_\_ Date \_\_\_\_\_

Witness my hand and notarial seal on \_\_\_\_\_  
Date \_\_\_\_\_

**Sign Here** Signature of Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

**(This form must be completed by an individual 19 years or older who resides in the property)**

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