

**Housing Counseling Services
MHAP Program
Zero Income Affidavit**

Name: _____ Date: _____

Address: _____

This statement is to certify that I am not receiving income from any source whatsoever:

- ❖ I am not employed through any private or public employer.
- ❖ I am not receiving unemployment or disability compensation, worker's compensation or severance pay.
- ❖ I am not receiving net income from the operation of a business or from rental or real personal property.
- ❖ I am not receiving interest, dividends and other net income of any kind for real personal property.
- ❖ I am not receiving alimony or child support payments (whether through the court system or not)
- ❖ I am not receiving regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling).
- ❖ I am not receiving periodic payments from Social Security benefits, any type of annuity benefits, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts.
- ❖ I am not receiving Public Assistance (PA) payments.
- ❖ I am not receiving regular monetary gifts from family and/or friends.
- ❖ I am not receiving income from any source.
- ❖ I am on maternity leave without pay __ (If so, please check).
- ❖ I am on sick leave without pay __ (If so, please check).

I have stated during this verification process that I have no income at this time. I have not received income since _____.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify my household from participation in the MHAP program, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. 3801-3812.

I certify that the above information is true and correct. I also understand that it is my responsibility to immediately report all changes to my household composition or income.

Signature

Date