

**Exhibit E – Certification of Zero Income**

**Each adult household member claiming zero income must complete this form.**

Property Information	
Adult Household Member Name:	Unit Number:
Development Name:	Address:

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 and/or explanations.					
Wages, bonus, commissions, tips, etc.	Yes	No	Self-employment (Includes rideshare services, 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			
Help with paying bills or other expenses such as regular gifts of money from family and friends who don’t live with you, (including online donation websites or through a local bank or app).	Yes	No	Direct Sales Consulting (cosmetics, kitchenware/houseware items, etc.).	Yes	No
			Work for cash (Babysitting, lawn-care, etc.)	Yes	No
Please explain income from other sources not mentioned above.					

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 **No** 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).*

<b>Rent</b> (including garage rent, if applicable):	
<b>Utilities:</b>	
<b>Food:</b>	
<b>Clothing:</b>	
<b>School supplies:</b>	
<b>Cell phone or phone:</b>	
<b>TV</b> (cable, dish, satellite) and/or internet:	
<b>Medical care:</b>	
<b>Medications &amp; prescriptions:</b>	
<b>Personal care products</b> (shampoo, toothpaste, etc.):	
<b>Vehicle expenses</b> (car payments, insurance, fuel, etc.):	
<b>Payments on credit card balances:</b>	
<b>Other expenses not listed above:</b>	
<b>Additional comments:</b>	

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 the owner/agent.

Signature of Applicant/Tenant:

Date:

Printed Name of Applicant/Tenant:

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.