## EXHIBIT E – CERTIFICATION OF ZERO INCOME

Please Note: Each adult household member claiming zero income must complete this form.

Adult Household Member Name: Unit No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Development Name and Address:

# Within the next 12 months, will you receive income from any of the following sources?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes No | | Wages, bonus, commissions, tips, etc. | Yes No | Self-employment (includes Uber/Lyft, 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 | Direct Sales Consulting such as Mary Kay, Tupperware,  Pampered Chef, etc. |
| Yes No | | Help with paying bills or other  expenses or regular gifts of money from family or friends who don’t live  with you (including online donations such as GoFundMe or through a local bank or app) | Yes No  Yes No | Work for cash (babysitting, lawn-care, etc.)  Any other source (if yes, explain below) |
| **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. | | | |

Please note: You must supply additional information to verify all ‘Yes’ answers.

**C. If you have circled N 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)*

Rent (*including garage rent, if applicable*)

Utilities

Food

Clothing

School supplies

Cell phone or phone

TV *(cable, dish, satellite)* and/or internet

Medical care

Medications & prescriptions

Personal care products (*shampoo, toothpaste, etc*.)

Vehicle expenses (*car payments, insurance, fuel, etc.)*

Payments on credit card balances

Other expenses not listed above

Additional comments

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 owner/agent. 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.

Signature of Applicant/Tenant Printed Name of Applicant/Tenant Date

Certification of Zero Income (06/28/2022)