

## Exhibit E - Certification of Zero Income

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

You have disclosed on the rental application that, other than income derived from an asset, you do not have any income. Please complete each part of the following to address how you will pay for rent and other household expenses.

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

Part I: Known Anticipate Income		
I <b>do not</b> expect to have any income in the next 12-months	True	False
I have been hired for a job that will start soon (submit verification)	True	False
I have been approved for (or awarded) a regular recurring benefit that will start soon (submit verification)	True	False

Part II: Sources of Income				
I affirm, under penalty of perjury, that I do not receive income from any of the following sources. <i>If <b>False</b> is elected, complete the following and submit verification:</i>			True	False
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	Direct Sales Consulting (cosmetics, kitchenware/houseware items, etc.).	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
Work for cash (Babysitting, lawn-care, etc.)	Yes	No		

## Part III: Household Expenses

Please explain how you will pay for the following expenses (check N/A for any expense that does not apply to your household).

Rent	N/A	
Child Care	N/A	
Utilities	N/A	
Food	N/A	
Clothing/Shoes	N/A	
School ( <i>supplies, tuition, etc.</i> )	N/A	
Phone (including cell phone)	N/A	
TV	N/A	
Internet	N/A	
Medical Care	N/A	
Medications & Prescription	N/A	
Personal Care Products ( <i>shampoo, toothpaste, etc.</i> )	N/A	
Vehicle Expenses ( <i>car payments, insurance, fuel, etc.</i> )	N/A	
Other transportation ( <i>bus pass, rideshare fares, parking fees, etc.</i> )	N/A	
Payments on credit card balances	N/A	
Other expenses not listed above	N/A	

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.

Signature of Applicant/Tenant:

Date:

Printed Name of Applicant/Tenant: