

CERTIFICATION OF ZERO WAGE/SALARY INCOME

(To be completed by adult household members only, if appropriate)

Household Name: _____

Address: _____

Program: _____

I hereby certify that I do not individually anticipate receiving income from any sources during the 12-month period beginning on the date of this certification (said date shown below).

Please describe any exceptions here (source, address of source, and estimated income):

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result may result in the termination of my application for home buyer assistance and/or legal action against me.

Signature of Applicant

Printed Name of Applicant

Date