

SELF CERTIFICATION OF ZERO INCOME: INDIVIDUALS

Participants who are part of the Housing Choice Voucher Program must provide verification of zero income. This form should be completed by individuals claiming zero income who are members of households reporting income.

Resident Name		
Resident Address	City, State	Zip Code
SSN:	_	
unemployment, public assistan	sently unemployed and do not receive a ce (TANF), alimony, child support, Soci reteran's benefits, government grants, sav	al Security, pension or annuity,
Housing and Urban Developme	een advised by MBHP that in view of tent (HUD) will be required to subsidize princome, they may elect to investigate the	part or all of my monthly rental
to the best of my knowledge punishable by Federal Law. I termination of housing assistan United States Code, states that	ation given to MBHP regarding my income and belief. I understand that false also understand that false statements are and termination of tenancy with MBH a person who knowingly and willingly matched that the United States Government is guilty or	statements or information are or information are grounds for IP. Title 18 Section 1001 of the akes false fraudulent statements
Signature of Participant		Date
	Please return as quickly as possible	•
WARNING! Title 18, Section 100	01 of the United States Code, states that a	a person which knowingly and

willingly makes false fraudulent statements to any department or agency of the United States

Governments is guilty of a felony.