

SELF CERTIFICATION OF ZERO INCOME: HOUSEHOLDS

Participants who are part of the Housing Choice Voucher Program must provide verification of zero income. This form should be completed by every adult household member of households claiming zero income.

Participant Name		
Participant Address	City, State	Zip Code
SSN:		
unemployment, public assistance (ently unemployed and do not receive and TANF), alimony, child support, Social Secu nefits, government grants, savings accounts	irity, pension or annuity, military
Urban Development (HUD) will be	dvised by MBHP that in view of the fact tha required to subsidize part or all of my mor avestigate the validity of my application for	nthly rental payments, due to my
in my income within 15 business d can be made. I have also been ad	dvised by MBHP that I must report any modays from the date of the change so that the vised that one year from the date that my by the status of my income as long as my how the status of my income as long as my income as long as my how the status of my income as long as my income as long as my how the status of my income as long as my income as my income as my income as my income as long as my income as my	the necessary rental adjustments household reports zero income, I
the best of my knowledge and be Federal Law. I also understand the assistance and termination of tenar	on given to MBHP regarding my income state. I understand that false statements of nat false statements or information are groncy with MBHP. Title 18 Section 1001 of the gly makes false fraudulent statements to a of a felony.	or information are punishable by ounds for termination of housing e United States Code, states that
Signature of Participant		Pate
F	Please return as quickly as possible.	

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WARNING! Title 18, Section 1001 of the United States Code, states that 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.