



ZERO INCOME SELF ATTESTATION FORM

INSTRUCTIONS: This form is for applicants who express that they receive no income. This self-attestation form must be completed to certify an applicant's statement of zero income and be attached/uploaded to an applicant's application (as applicable). This form will need to be completed by every adult (age 18+) in the household that claims they have zero income.

I certify that I **DO NOT** receive income from any of the following sources:

- Wages from part-time and/or full-time employment (including tips, bonuses, commissions, etc.)
- Wages from gig work (including gig work for companies such as Uber, Lyft, Instacart, Grubhub, DoorDash, Shipt, Postmates, Uber Eats, etc.)
- Wages from any work performed as an independent contractor/1099 contractor (ex. Avon, Mary Kay, Stella & Dot, Primerica, hair stylist, barber, manicurist, babysitter, hair braider, lawn/snow maintenance, mechanic, etc.)
- Income from the operation of a business
- Unemployment or disability payments
- Supplemental Security Income/Social Security Disability Insurance payments
- Income from insurance policies, retirement funds, pensions, death benefits, etc.
- Interest or dividends from assets
- Public assistance payments (ex. general relief funds, Temporary Assistance for Needy Families (TANF), etc.)
- Rental income from real or personal property
- Allowances from child support, alimony, family support, or monetary gifts on a regular basis
- Any other source of income not listed above

I, _____, do hereby attest under penalty of perjury that at

First and Last Name

the time of this application, I **DO NOT** have income. I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income. I understand that providing false statements or false information are grounds for the rejection of my application for participation in the Elkhart County's Emergency Rental Assistance Program.

First and Last Name (please print)

Applicant Signature

Date