



## **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**