

INCOME VERIFICATION (FOR UNEMPLOYED PERSONS)

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

Household Name: _____ Unit No. _____

Please check only one of the following:

1. ____ I am not presently employed and do not anticipate becoming employed within the next twelve months. However, I am personally receiving one of the following sources of income:
- Income from operation of a business
 - Rental income from real or personal property
 - Interest or dividends from assets
 - Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
 - Unemployment, disability payments, or severance pay
 - Public assistance payments (to include Section 8 voucher)
 - Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
 - Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
 - Any other source not named above
2. ____ I am not presently employed but anticipate becoming employed within the next twelve months. I anticipate earning \$_____.
3. ____ **The following option must not be selected if one of the above statements apply.** I hereby certify that I am claiming Zero Income from employment and any of the sources listed in option one. I do not anticipate any change within the next twelve months. The source of funds to pay for rent and other necessities will come from the following:
- _____.

Under penalty of perjury, I, _____, certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature of Applicant/Tenant

Date