

## Emergency Rental Assistance Program Zero Income Certification Form

Applicant Name: \_\_\_\_\_

I hereby certify that the following household member(s) do not have any income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operations 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 or disability payments.
- Public assistance payments.
- 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, Ebay, etc.).
- Any other source not named above.

Print name of Household members with zero income.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the listed household members currently have no income of any kind and there is no imminent change expected in our household financial status or employment status.

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination and pay back of any assistance received.

**TO BE SIGNED BY ANY HOUSEHOLD MEMBERS WITH NO INCOME OVER THE AGE OF 18 YEARS OLD.**

\_\_\_\_\_

Head of Household Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult Signature

\_\_\_\_\_

Date

Please submit completed form to [frontdesk@skha.org](mailto:frontdesk@skha.org), fax 406-675-4495, mail to PO Box 38, Pablo, MT 59855, or drop off at the Salish & Kootenai Housing Authority office located at 56243 US Hwy 93.