



**Affordable Housing Program (AHP)
Homeownership Set-aside Program (HSP)**

ZERO INCOME AND/OR UNEMPLOYED CERTIFICATION

HOUSEHOLD MEMBER NAME: _____

PROPERTY ADDRESS: _____

I certify the following:

1. I am currently unemployed and am not receiving income (earned or unearned).
2. I do NOT receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from the operation of a business;
 - c. Rental income from real or personal property;
 - d. Unemployment or disability payments;
 - e. Public assistance payments;
 - f. Periodic allowances such as alimony or child support;
 - g. Social Security payments, annuities, insurance policies, retirement funds, pension, or death benefits;
 - h. Veteran's Benefits;
 - i. Supplemental Security Income;
 - j. Any other source not named above.

Under penalty of perjury, I certify the information presented above is true and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge the information provided is being used for the specific purpose of determining my household's eligibility to receive assistance through the AHP or the HSP. I will cooperate fully with the member or project sponsor, as applicable, to provide or obtain any necessary documents to confirm the information I have provided.

Household Member Signature

Date

Household Member Printed Name