

**Sworn Declaration of Zero Income Status
Addendum to Application**

To be completed by each adult household member who does not receive income.

Household Name _____ Unit # _____

Development Name _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI), or death benefits;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- h. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- i. Any other source not named above.

2. During the next 12 months there is no change expected in my financial or employment status.

3. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date