ZERO-INCOME VERIFICATION

Return To:
San Diego Housing Commission
1122 Broadway, #300
San Diego, CA 92101-5612
(619) 231-9400 * FAX (619) 578-7354

Date ___________________________ Address/Unit # ___________________________

Applicant/Resident ___________________________

Circle Y (yes) or N (no) for each statement. Do you anticipate to receive over the next 12 months:

Y  N  1. Employment income
Y  N  2. Any income from any source such as, but not limited to, self-employment ventures, lottery winnings, and gifts.
Y  N  3. Income from social security, public assistance, unemployment compensation, or any other agency.
Y  N  4. Regular recurring gifts from any person or agency.
Y  N  5. Income from any source.

Explain any Y (yes) answers. (A copy of your most current SIGNED Federal Income Tax Form must be attached.)

______________________________

Please indicate the period of time you expect to receive no income: ________________________

I hereby certify under penalty of perjury that the foregoing is true and correct. I consent to release such information in order to comply with government regulations regarding the housing program that I am applying for (or currently participating in). I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand what information is being requested and the ramifications of my not providing complete and truthful responses.

Executed on ______________________, 20___, at ____________________________, California

Signature (Zero-Income Household Member)