



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)