



### Zero-Income Certification

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 \_\_\_\_\_

Check 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)