



51 Flowers Court, Belmont NC 28012-(704)825-9376-www.bhanc.org

CERTIFICATION OF ZERO INCOME FOR ADULT HOUSEHOLD MEMBER

Name: _____ **Address:** _____ **Phone:** _____

You are claiming zero income. There are normal living expenses that continue even though you are not actively employed and do not have a traditional income source. We know that there is income that is not necessary to include in the countable income to calculate your family’s rent portion. HUD defines annual income as any amount, monetary or not, which goes to you or on behalf of any family member or any amount anticipated to be received from a source outside the family during the 12-month period following admission or annual recertification. Additionally, BHA must count as income any **regular** contributions and gifts (monetary or not) from people outside the family. This may include rent and utility payments paid on behalf of the family and other cash or non-cash contributions provided on a regular basis.

In reporting no income or minimal money, how did you or how do you plan to pay for the following and what is the amount of the monthly expense? Complete each line. Mark “N/A” for any expenses that do not apply to you.

Expense Type	Monthly Amount	Amount YOU pay per month	Person(s) or agency helping you pay this expense
Rent			
Household Electricity			
Household Gas			
Internet Service			
Cable			
Phone (Landline or cell)			
Cigarettes/Cigars/Vape			
Streaming services			
Food (groceries and eating out)			
Personal Grooming (hair/nails)			
Cleaning Products			
Hygiene Products			
Paper Products			
Clothes			
Car Gas			
Car Payment			
Car Insurance			
Car Maintenance			
Other Transportation			
Baby Items			
Credit Card Payments			
Loan Payments			
Other Expenses			

I certify that I have answered all the above questions fully and truthfully to the best of my knowledge. I acknowledge that the information I have given on this form is correct to the best of my knowledge and belief. I understand I must report in writing, within 14 days, if my income changes. I understand that the willful failure to report all household income may subject my participation in the rental assistance program to termination. I understand that the making of willful false statements or misrepresentations of a material nature may make me subject to criminal and civil penalties under state and federal law.

Signature of Household Member

Date