



Exhibit B - Zero Income Affidavit

All household members that are **18 years or older that don't have income** must complete this form; one form per person.

Name: _____

Address: _____ Phone Number: _____

1. I hereby certify that I do not receive income (now or during the next 12 months) 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. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, Babysitting, etc.);
- j. Recurring gifts or support from family, friends, people, or agencies
- k. Any other source not named above (except scholarships or one time grants).

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months. In other words, I will not have income during the next 12 months.
3. I agree to submit proof (paystubs, bank statements, complete tax forms, w-2, 1099's, and all schedules) for any particular time frame even after closing the purchase transaction or signing the lease to ensure this affidavit is true, promptly, as requested by the program provider, agency or its administrator.
4. I understand that inaccurate information/or certifications made on our behalf will disqualify my household and we will be in violation of the program I'm applying for.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the disqualification of your application.

Certification:

The undersigned hereby certify that to the best of his/her knowledge and belief each of the foregoing statements is true and correct and each of them is consistent with the information submitted by the applicant in connection with his/her application. The undersigned understands that these certifications are made under penalties of perjury and may be prosecuted to the fullest extent of the law and any inaccurate statements will impact the household's eligibility.

Signature

Date

Social Security #

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

JURAT

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____,

By _____
Name of Signer(s)

Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Notary Signature _____

Document Name: Zero Income Affidavit

This page must be completed by a notary if the applicant is approved for the Program (unless required earlier by the City or Agency).