

ZERO INCOME AFFIDAVIT

DATE:______ APT. #:_____

DEVELOPMENT NAME:

APPLICANT/RESIDENT:

- 1. I hereby certify that I do not individually receive income 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 not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Educational grants and/or scholarships or Veterans Administration benefits;
 - k. Any other source not named above.
- 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.

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement in addition to other legal consequences.

Signed_

Signature of Applicant/Resident

Date

Must complete "Zero Income Questionnaire" HPI 318B.

OFFICE USE ONLY:



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