

HOH Name \_\_\_\_\_

Tenant ID \_\_\_\_\_

If not HOH print the Name of the member:  
\_\_\_\_\_



Housing Choice Voucher Program • 700 Adams Avenue • Mailing Address • P.O. Box 3664 • Memphis, Tennessee • 38103  
Phone: (901) 544-1347 • Fax: (901) 544-1375 • TDD: (901) 544-1130

## MEMPHIS HOUSING AUTHORITY (MHA) ZERO INCOME CERTIFICATION

**For compliance with requirements of the U.S. Department of Housing and Urban Development (HUD), MHA requires that all new and continuing families who do not have a regular source of income complete and sign this certification. At the discretion of MHA, all household members who are 18 years old or older and report no income may be required to complete this document.**

|  | Yes                     | No                      |
|--|-------------------------|-------------------------|
| 1. Do you earn wages from a job?<br><br>If yes, list the name and address of all employers:<br>_____<br>_____<br>_____   | _____                   | _____                   |
| 2. Have you applied for unemployment benefits?<br>Are you eligible for unemployment benefits?<br>Are you receiving unemployment benefits?  | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| 3. Does anyone outside of your household assist in paying your bills?<br><br>If yes, list below the names and addresses of all persons who assist you in paying your bills:<br>_____<br>_____<br>_____                                   | _____                   | _____                   |
| 4. Does anyone outside of your household regularly contribute food, clothing or any other items?<br><br>If yes, list below the names and addresses of all persons who provide these items on a regular basis:<br>_____<br>_____<br>_____ | _____                   | _____                   |

**Zero Income**

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|   | Yes   | No    |
|---|-------|-------|
| 5. Have you applied for, or are you currently receiving benefits from the Social Security Administration?   | _____ | _____ |
| 6. Do you receive any child support or alimony payments?  | _____ | _____ |
| 7. Have you applied to the Department of Social Services for assistance?  | _____ | _____ |
| 8. Are you receiving assistance from the Department of Human Services?<br><br>If yes, check the type of assistance you are receiving:<br><br>Temporary Cash Assistance Grant _____<br>Food Stamps _____<br>TennCare _____ Other _____   | _____ | _____ |
| 9. Have you received a lump sum payment from any source?<br><br>If yes, please complete the following<br><br>_____                      _____                      _____<br>Name of Source                      Payment                      Date.  | _____ | _____ |
| 10. Are you receiving benefits from the Veteran's Administration?   | _____ | _____ |
| 11. Do you have a savings or a checking account?<br><br>Name of the bank _____ Acct # _____   | _____ | _____ |
| 12. Place a checkmark below if you are receiving any of the benefits listed below:<br>Workers' Compensation                      _____                      Pensions                      _____<br>Death Benefits                      _____                      Severance Pay                      _____<br>Retirement Funds                      _____                      Other                      _____ |       |       |

**I attest that I am presently not receiving income from employment or other sources. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law and it is grounds for denial or termination of assistance.**

\_\_\_\_\_  
HOH or Household Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number (HOH or Household Member)

**Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**