



### SELF CERTIFICATION OF ZERO INCOME: HOUSEHOLDS

Applicants and residents who are part of the Berkshire Housing Development Corporation Housing Choice Voucher Program must provide verification of zero income. This form should be completed by every adult household member of households claiming zero income.

\_\_\_\_\_  
Applicant/Resident Name

\_\_\_\_\_  
Applicant/Resident Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

This is to certify that I am presently unemployed and do not receive any income from sources such as unemployment, public assistance (TANF), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran's benefits, government grants, savings accounts, trust funds, gifts, etc.

I further certify that I have been advised by the Berkshire Housing Development Corporation that in view of the fact that the Department of Housing and Urban Development (HUD) will be required to subsidize part or all of my monthly rental payments, due to my lack of income, they may elect to investigate the validity of my application for increased subsidy payments.

I further certify that I have been advised by Berkshire Housing Development Corporation that I must report any monetary or non-monetary increase in my income within 15 business days from the date of the change so that the necessary rental adjustments can be made. I have also been advised that one year from the date that my household reports zero income, I must report to the office to re-verify the status of my income as long as my household continues to report zero income.

I further certify that the information given to the Berkshire Housing Development Corporation regarding my income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the Berkshire Housing Development Corporation. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

This form must be signed in the presence of a Berkshire Housing Development Corporation staff person or Notary Public.

\_\_\_\_\_  
Signature of Applicant or Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
<<RAA>> Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Notary Public

\_\_\_\_\_  
Date Commission Expires

**Please return as quickly as possible.**

WARNING! Title 18, Section 1001 of the United States Code, states that a person which knowingly and willingly makes false fraudulent statements to any department or agency of the United States Governments is guilty of a felony.