

**Texas Department of Housing and Community Affairs
Housing Trust Fund**

Zero Income and Zero Assets Certification

If only one is applicable, write N/A next to the certification that does not apply.

Administrator Name:	HTF Contract Number:
Household Member Name:	Address:

“Zero Income Certification”

Must be initialed and signed by household member age 18 or older when the income claimed is zero.

_____ 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 or sales from self-employed resources (including Avon, etc.);
- c. Rental income from real or personal property;
- d. Annuities, insurance policies, retirement funds, pensions, death benefits or interest or dividends from assets
- e. Unemployment, Disability or Social Security payments; Public assistance payments other than food stamps;
- f. Periodic allowances such as alimony, child support, or gifts received from persons;
- g. Any other source not named above; AND

_____ I do not foresee an imminent change in my financial status or employment status during the next 12 months; AND

_____ I will be using the following sources of funds to pay for my expenses below:

	<u>Expense</u>	<u>Source of funds</u>		<u>Expense</u>	<u>Source of funds</u>
Mortgage/Rent	\$ _____	_____	Homeowners/Renters Insurance	\$ _____	_____
Property Taxes	\$ _____	_____		Auto Loan \$ _____	_____
Utilities: Electric	\$ _____	_____		Auto Insurance \$ _____	_____
Utilities: Gas	\$ _____	_____		Phone/Cell \$ _____	_____
Utilities: Water	\$ _____	_____		Auto Gas/Diesel \$ _____	_____
Groceries	\$ _____	_____		Household Essentials \$ _____	_____
Toiletries	\$ _____	_____			
Total Expenses: \$				_____	_____

“Zero Asset Certification”

Must be initialed by household member age 18 or older when the absence of a bank account is claimed.

_____ I hereby certify that I **do not** have a bank account, or any other type of asset accounts.

Household Member Certification: Under penalty of perjury, I hereby certify that the information provided to Contract Administrator in this Certification is true, correct, and complete. I agree to provide additional information to Contract Administrator and/or Texas Department of Housing and Community Affairs upon request.

Signature of Household Member

Date

Contract Administrator’s Certification: In accordance with the requirements of the Housing Trust Fund Program, I have reviewed, verified, and confirmed the information provided by Applicant. I hereby certify that the information presented herein is true, correct, and complete.

Signature of Contract Administrator

Date

WARNING: 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 U. S. Government.