

The Zero Balance Project

INCOME ATTEST

(To be completed by applicant.)

Applicant Name: _____ Unit No. _____

Address: _____ City: _____

I have no income of any kind.

OR

My total current household income is

This includes wages from employment, income from operation of a business, rental income, Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits, unemployment or disability payments, public assistance payments, alimony, child support, or other sources.

\$ _____

This is my

Monthly income

Annual income

This includes all income for all members of my household 18 years and older.

I certify that the information above is true and accurate to the best of my knowledge. I understand that providing false information is an act of fraud.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date