

Self-Certification of No Income

Instructions: This form intended to be used when an individual applying for subsidized housing lacks income. It is recommended that income be certified quarterly to account for any changes.

Client Section:

I certify that I _____ (Client's Name) do not currently have any income of any type, including (but not limited to):

- Employment income, including part-time or seasonable work;
- Unemployment benefits;
- Social Security Insurance (SSI)/Social Security Disability Insurance (SSDI);
- General Assistance;
- CalWORKS/TANF;
- Child support;
- Alimony; or
- Other sources of regular (not one-time) income.

I certify that the above information is correct.

Signature of Client: _____ Date of Signature: _____

Staff Section: **DO NOT SKIP THIS STEP**

If applicable, please add any information below about the client's income status, including any attempts to confirm the statement above.

I reviewed the above statement with the client, and confirm the accuracy of the statement to the best of my ability.

Name of Staff (Print): _____

Staff Member Organization and Title: _____ Staff Phone Number: _____

Signature of Staff: _____ Date of Signature: _____