|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant/Tenant:** |  | **Unit#:** |  |

You have disclosed on the rental application that, *other than income derived from an asset*, you do not have any income. Please complete each part of the following to address how you will pay for rent and other household expenses.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part I: Known Anticipate Income** | | | | | | |
| I **do not** expect to have any income in the next 12-months | | | | | | True  False |
| I have been hired for a new job that will start soon *(submit verification)* | | | | | | True  False |
| I have been approved for (or awarded) a regular recurring benefit that will start soon *(submit verification)* | | | | | | True  False |
| **Part II: Sources of Income** | | | | | | |
| I affirm, under penalty of perjury, that I do not receive income from any of the following sources.  *If* ***False*** *is elected, complete the following and submit verification:* | | | | | | True  False |
| Yes  No | Wages, bonus, commissions, tips, etc. | | | Yes  No | Self-employment (includes Uber/Lyft, online sales, etc.) | |
| Yes  No | Unemployment Benefits | | | Yes  No | Annuities, insurance policies, stocks, etc. | |
| Yes  No | Worker’s Compensation | | | Yes  No | Pensions, IRA, 401K | |
| Yes  No | Disability Payments | | | Yes  No | Income from rental property | |
| Yes  No | Alimony | | | Yes  No | Death Benefits | |
| Yes  No | Child Support | | | Yes  No | Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc. | |
| Yes  No | Social Security or SSI Benefits | | | Yes  No | Work for cash (babysitting, lawn care, etc.) | |
| Yes  No | Help with paying bills or other expenses or regular gifts of money from family or friends who don’t live with you (including online donations such as GoFundMe or through a local bank) | | | | | |
| **Part III: Household Expenses** | | | | | | |
| Please explain how you will pay for the following expenses (check *N/A* for any expense that does not apply to your household) | | | | | | |
| Rent | | N/A |  | | | |
| Child Care | | N/A |  | | | |
| Utilities | | N/A |  | | | |
| Food | | N/A |  | | | |
| Clothing/Shoes | | N/A |  | | | |
| School  *(supplies, tuition, etc.)* | | N/A |  | | | |
| Phone (including cell phone) | | N/A |  | | | |
| TV | | N/A |  | | | |
| Internet | | N/A |  | | | |
| Medical Care | | N/A |  | | | |
| Medications & Prescription | | N/A |  | | | |
| Personal Care Products  *(shampoo, toothpaste, etc)* | | N/A |  | | | |
| Vehicle Expenses  *(car payments, insurance, fuel, etc)* | | N/A |  | | | |
| Other transportation  *(bus pass, rideshare fares, parking fees, etc.)* | | N/A |  | | | |
| Payments on credit card balances | | N/A |  | | | |
| Other expenses not listed above | | N/A |  | | | |
| Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent. | | | | | | |

Signature of Applicant/Tenant Printed Name of Applicant/Tenant Date