



CERTIFICATION OF ZERO INCOME

1. 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;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

Date: _____ Signature: _____

Typed Name: _____

Date: _____ Signature: _____

Typed Name: _____

STATE OF NEW MEXICO)

) ss.

COUNTY OF _____)

This instrument was acknowledged before me on _____ day of _____, 20____.

Signature Notary Public

My commission expires: