



VERIFICATION: SELF CERTIFICATION OF ZERO INCOME

Applicants and participants who are part of the Philadelphia Housing Authority's Public Housing and/or Housing Choice Voucher Programs must provide verification of zero income.

Name: _____ Applicant/Client ID No.: _____

Address: _____

This is to certify that I am presently unemployed and do not receive any income from sources such as unemployment, public assistance (TANF), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran's benefits, government grants, savings accounts, trust funds, gifts, contributions from individuals outside of my family, etc.

I further certify that I have been advised by the Philadelphia Housing Authority (PHA) that in view of the fact that the Department of Housing and Urban Development (HUD) will be required to subsidize part or all of my monthly rental payments due to my lack of income, they may elect to investigate the validity of my zero income claim by verifying income through on-line sources for employment, unemployment, Social Security and SSI benefits and income.

I further certify that I have been advised by PHA that I must report promptly (within 30 calendar days of the change in income) to the management office any change in my income so that the necessary rental adjustments can be made.

I further certify that the information given to the Philadelphia Housing Authority regarding my income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the Philadelphia Housing Authority. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

This form must be signed in the presence of a PHA staff person or Notary Public.

Signature of Applicant or Client

Date

PHA Staff Signature

Date

Signature of Notary Public

Date

Name of Notary Public

Date Commission Expires