



Verification of No Income

I, _____, do hereby certify that I am not presently receiving any type of income.

Income is defined as:

1. Gross amount of wages, salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. Net income from operation of business profession or from rental or real personal property.
3. Interest, dividends, and net family assets in excess of \$5,000.
4. Full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and/or other similar types of periodic receipts, including lump sum payment for the delayed start of a periodic payment.
5. Payments in lieu of earnings, such as unemployment and disability compensation, workmen's compensation, and severance pay.
6. Public assistance.
7. Alimony and/or child support payments.
8. Regular pay, special pay, and allowance of a member of the Armed Forces (whether or not living in the dwelling), head of household or spouse.
9. Education scholarships and/or veterans educational benefits.
10. Regular cash or non-cash contributions and/or gifts received from persons outside the family.
11. Housing stipends received as part of a scholarship.
12. Benefits received under the VA's Incentive Therapy (IT) and Compensated Work Therapy (CWT) programs.

Signature

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

