

Require Member to Sign Under \$5,000 Asset or Zero-Income Certification

If household members claim no income or household assets under \$5,000, use the following forms to be able to prove to your state housing agency and the IRS that a household meets the tax credit program’s income-eligibility requirements.

MODEL FORM

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____
Site Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

Source	(A) Cash Value*	(B) Interest Rate	(A x B) Annual Income
Savings Account(s)	\$ _____	_____ %	\$ _____
Cash on Hand	\$ _____	N/A %	\$ N/A
Checking Account(s)**	\$ _____	_____ %	\$ _____
Certificates of Deposit	\$ _____	_____ %	\$ _____
Stocks	\$ _____	_____ %	\$ _____
IRA Account(s)	\$ _____	_____ %	\$ _____
Keogh Account(s)	\$ _____	_____ %	\$ _____
Equity in Real Estate	\$ _____	_____ %	\$ _____
Lump-Sum Receipts	\$ _____	_____ %	\$ _____
Bonds	\$ _____	_____ %	\$ _____
Money Market Funds	\$ _____	_____ %	\$ _____
401(k)/403(b) Account(s)	\$ _____	_____ %	\$ _____
Trust Funds	\$ _____	_____ %	\$ _____
Land Contracts	\$ _____	_____ %	\$ _____
Capital Investments	\$ _____	_____ %	\$ _____
Bitcoin/Cryptocurrency	\$ _____	_____ %	\$ _____
GoFundMe/Crowdsourcing	\$ _____	_____ %	\$ _____
Life Insurance (Excluding Term)	\$ _____	_____ %	\$ _____
Government Benefits***	\$ _____	_____ %	\$ _____
Other Retirement/Pension			
Funds not named above:	\$ _____	_____ %	\$ _____
Explanation _____			
Personal Property Held as an Investment****	\$ _____	_____ %	\$ _____
Explanation _____			
Other (list):	\$ _____	_____ %	\$ _____
Explanation _____			

(continued)

- PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts that are.
- *Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- **Checking Account cash value should be the average in the checking account over the last six (6) months
- ***Cash Card Account used to receive government benefits or other income.
- ****Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.

(Check either box 2 or box 3 below, not both)

- 2.** Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
- 3.** I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- 4.** I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A x B) Annual Income in section 1 above). **This amount is included in total gross annual income.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant: _____ Date: _____

CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.)

Head of Household Name: _____ Unit No.: _____

Site Name and Address: _____

A. Within the next 12 months, will you receive income from any of the following sources?

You must supply additional information to verify all 'Yes' answers.

- Yes No Wages, bonus, commissions, tips, etc.
- Yes No Unemployment Benefits
- Yes No Worker's Compensation
- Yes No Disability Payments
- Yes No Alimony
- Yes No Child Support
- Yes No Social Security
- Yes No Self-employment (includes Uber/Lyft, online sales, etc.)
- Yes No Annuities, insurance policies, stocks, etc.
- Yes No Pensions, IRA, 401K
- Yes No Income from rental property
- Yes No Death Benefits
- Yes No Interest/dividends from assets, including bank accounts
- Yes No Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
- Yes No Work for cash (babysitting, lawncare, 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)
- Yes No Any other source (if yes, explain below)

B. Mark the ONE statement that applies to you:

- I do not expect to have any source of income in the next 12 months.
- I have been hired for a new job or I will be receiving another source of income soon.
I will give you more information for verification purposes.

(continued)

C. If you have checked "No" for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following:

(write N/A if the cost does not apply to your household)

Rent (including garage rent, if applicable) _____

Utilities _____

Food _____

Clothing _____

School supplies _____

Cell phone or phone _____

TV (cable, dish, satellite) and/or internet _____

Medical care _____

Medications & prescriptions: _____

Personal care products (shampoo, toothpaste, etc.) _____

Vehicle expenses (car payments, insurance, fuel, etc.) _____

Payments on credit card balances _____

Other expenses not listed above _____

Additional comments _____

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