Form 422

CERTIFICATION OF ZERO INCOME

(To be signed by adult household member only)

I, _____ _____-_____-_____,
Name Social Security Number

hereby certify that I do not receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.);
2. Income from operations of a business;
3. Rental income from real or personal property;
4. Interest or dividends from assets;
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
6. Unemployment or disability payments;
7. Public assistance payments;
8. Periodic allowances such as alimony, or gifts received from persons not living in my household;
9. Sales from self-employed resources;
10. Any other source not named above.

There is no imminent change expected in my income during the next 12 months.

Under penalty of perjury, I certify that the information in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud.

_____ _____
Signature Date

State of _____)
) ss
County of _____)

Sworn to before me, this _____ day of _____, 20

_____
Notary

My Commission Expires: _____