



## Certification of Zero Income | CI Grant Programs

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Household:

Name:

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.

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

\_\_\_\_\_

Signature of Applicant

Printed Name

Date