



ZERO INCOME STATEMENT

Submit this statement with your application or recertification for each adult (18+) in your household who has **no income from any source**. Resubmit this form every 180 days for as long as you have no income.

ONE FORM PER ADULT (18+).

Each adult (18+) in your household who has no income from any source needs to complete a separate statement.

WHAT COUNTS?

A lot of things count as income. **Do not complete this form if you have income from any source**, including hourly or salaried work, self-employment, unemployment benefits, temporary, contract, or odd jobs, TANF, social security, disability, retirement, alimony, workers' compensation, child support, veteran's benefits, scholarships, and any other regular money you receive. **If you have ANY of the types of income above, complete Part 3 of the core application instead.**

WHO'S CLAIMING ZERO INCOME?

Please print or type. Asterisks (*) mark required responses.

Household member's full name*
as on your social security card if you have one

Last four of your SSN
 I don't have one

YOUR SIGNATURE

By signing below, you are agreeing to these statements:

- I certify that, as of the date below, **I do not have income from any source**.
- I have told the truth; I understand that **DCHA will run a check to verify my income** and that I can lose my voucher, be fined, and/or be imprisoned for providing inaccurate or incomplete information.
- I understand that I must report any changes to my income within 30 days.
- If I continue to have no income, I understand that I must recertify that I have no income every 180 days. DCHA will contact me to remind me to recertify.

Household member's signature*

Date* month/day/year