



501 Tenth Street – Moundsville, WV 26041  
Phone (304) 845-3141 – Fax (304) 845-3147

### ZERO INCOME CERTIFICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

- \* Wages (including bonus/commissions, tips, fee, etc.)
- \* Income from operation of a business
- \* Rental income from real or personal property
- \* Interest or dividends from assets
- \* Social Security payments
- \* Unemployment Benefits
- \* Annuities, insurance policies, stocks, etc.
- \* Public Assistance Payments (TANF, etc.)
- \* Worker’s Compensation
- \* Pensions, IRA, 401K
- \* Disability Payments
- \* Alimony/Child Support
- \* Sales from Direct Sales i.e.: Mary Kay
- \* **NO INCOME OF ANY OTHER SOURCE NOT NAMED ABOVE.**

**By signing this form, I certify under penalty of perjury that the information presented in this certification is true and accurate to the best of my knowledge. I also understand Title 18, Section 101, of the U.S. Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department of the U.S. or the Department of Housing and Urban Development is guilty of a felony. I understand that I may be required to periodically update this information as requested by Moundsville Housing Authority.**

**WARNING:** Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and criminal prosecution.

**NOTE: Sign in presence of Notary only!**

Signature of Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY ONLY**

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_,  
Name of Notary Public Name of signer

to be the person(s) whose name(s) is/are subscribed to be the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
Notary Public’s Signature