



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

VERIFICATION OF ZERO INCOME

(Do not complete this form if you have any type of income. To be completed by Head of Household member only.)

Name: _____ Last 4 of SS#: _____

Address: _____ City: _____

Do you receive income from any of the following sources? Answer YES or NO for each item.

All information is subject to verification from third party source.

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|--|---|
| <input type="checkbox"/> Wages (including bonus/commissions, tips, fee, etc.) | <input type="checkbox"/> Income from operation of a business |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Annuities, insurance policies, stocks, etc. |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Pensions, IRA, 401K |
| <input type="checkbox"/> Disability Payments | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Sales from Direct Sales i.e.: Mary Kay, Tupperware |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Interest/dividends from assets |
| <input type="checkbox"/> Regular cash or non-cash contributions from persons not living in your household (e.g., regular gifts of money, assistance with paying bills, etc.) | |
| <input type="checkbox"/> Any other source (if yes, explain) _____ | |

Is there a change expected in my financial or employment status during the next 12 months.
If this statement is true, answer YES. If this statement is not true and there is a change expected (e.g., you have been hired for a job or otherwise expect to earn income in the next 12 months), answer NO and explain the expected change.

Please provide a written explanation as to how your household intends to pay for living expenses, certain services and/or necessities. Complete all that apply (write N/A if not applicable).

- Rent: _____
- Utilities: _____
- Food: _____
- Family clothing: _____
- Children's school supplies: _____
- Telephone and/or cable expense: _____
- Medical care: _____
- Prescription and/or over-the-counter drug expense: _____
- Personal care products (toilet paper, toothpaste, etc.): _____
- Vehicle insurance, gasoline, maintenance and up-keep: _____
- Other transportation needs: _____
- Garage rental: _____

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 a lease agreement. I understand that I may be required to periodically update this information as requested by Greene Metropolitan Housing Authority.

Signature of Applicant/Tenant _____ Printed Name of Applicant/Tenant _____ Date _____

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8). ** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).** GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

