



Caribou Housing Agency
Housing Choice Voucher Program

Municipal Building
25 High Street
Caribou, ME 04736
Telephone (207) 493-4234
Fax (207) 376-0178
www.cariboumaine.org

CERTIFICATION OF ZERO INCOME

Applicant/ Participant: _____ Soc. Sec. No. _____

- 1.) I hereby certification that I that I do not receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, overtime, etc.);
 - b. Net income from operation of a business or from rental income from real or personal property;
 - c. Interest, dividends, and other net income of any kind from assets;
 - d. Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits;
 - e. Lump sum payment(s) for the delayed start of a periodic payment;
 - f. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
 - g. Public assistance payments (General Assistance/TANF);
 - h. Alimony and child support payments (whether through the court system or not);
 - i. Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling);
 - j. Regular monetary gifts or necessities from friends and/or family;
 - k. Sales from self-employed (Avon, Mary Kay, Pampered Chef, etc.);
 - l. Any other source not name above.

- 2.) I currently have not income of any kind and there is no imminent change expected in my financial status or employment during the next 12 months.

- 3.) I will be using the following sources of funds to pay for rent and other necessities.

- 4.) I understand that I must report to the Caribou Housing Authority any change which affects my income and/or assets, within ten (10) business days of the change.

- 5.)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature of Applicant/Participant

Printed Name of Applicant/Participant

Date