

# FirstHome Program

## CERTIFICATION OF ZERO INCOME FOR THE FOLLOWING 12-MONTH PERIOD

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

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

**DO YOU RECEIVE OR EXPECT TO RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES DURING THE NEXT 12 MONTHS? PLEASE CIRCLE YES OR NO FOR EACH QUESTION. (ALL INFORMATION IS SUBJECT TO VERIFICATION FROM THIRD PARTY SOURCES.)**

Y N Wages	Y N Income from operation of a business
Y N Unemployment	Y N Annuities, insurance policies, stocks, etc.
Y N Worker's Compensation	Y N Pensions, IRAs, 401K
Y N Disability Payments	Y N Rental Income
Y N Alimony	Y N Sales from Mary Kay, Tupperware, etc.
Y N Child Support	Y N Interest or dividends from assets
Y N Regular Cash or non-cash contributions from persons not living in your households	Y N Any other source of income
Y N I certify that there is no imminent change expected in my financial or employment status during the next 12 months.	

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 denial of the FirstHome Down Payment Assistance application.

\_\_\_\_\_  
*Signature of Applicant/Household Member*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*