

**MICHIGAN STATE HOUSING
DEVELOPMENT AUTHORITY**

CERTIFICATION OF ZERO INCOME

Household Member Name:	Unit Number:
Development Name:	

Another household member, _____ pays for all household expenses.
 (Check if another household member pays all household expenses, then skip all questions below, and sign on Page 2)

	Yes	No	COMPLETE EACH ITEM:
1			Have you been employed in the last 12 months? If yes, what was the income earned in the last 12 months? \$ _____
2			Do you expect to become employed in the next 12 months? If yes, what is the amount expected to be earned in the next 12 months? \$ _____
3			Do you ever perform odd jobs as a day laborer, seasonal worker, gig worker, or independent contractor? Include babysitting, construction work, seamstress work, food preparation, etc. If yes, what was the income earned in the last 12 months? \$ _____
4			Does any person (outside the household) provide you with money to pay for rent, childcare, utilities, automobile insurance or gasoline, or any other regular reoccurring expense(s)? If yes, what is the anticipated total financial assistance for the next 12 months? \$ _____
5			Do you have money deposited in any bank accounts? If yes, where, and how much? \$ _____
6			Do you pay rent? If yes, how do you plan to pay rent for the next 12 months? _____
7			It is required that you maintain all necessary utilities when occupying the unit. In the past 12 months did you pay any of the following: Electricity or Gas _____ Last monthly bill \$ _____ How was this bill paid? _____ Water/Sewer _____ Last monthly bill \$ _____ How was this bill paid? _____ Trash Services _____ Last monthly bill \$ _____ How was this bill paid? _____ Telephone/Cell _____ Last monthly bill \$ _____ How was this bill paid? _____ Cable/Satellite _____ Last monthly bill \$ _____ How was this bill paid? _____ Internet _____ Last monthly bill \$ _____ How was this bill paid? _____
8			Do you have an automobile? If so, the registration and insurance must be maintained. Monthly Car Payment \$ _____ How was this paid? _____ Annual Registration \$ _____ How was this paid? _____ Monthly Insurance \$ _____ How was this paid? _____ Monthly Gas \$ _____ How was this paid? _____ Monthly Maintenance \$ _____ How was this paid? _____
9			If you do not have an automobile, do you have another form of transportation? If yes, form of transportation, cost, and how this is pad: _____
10			It is required that you maintain the unit in a decent, safe, and sanitary manner. How do you obtain and pay for cleaning and personal supplies to maintain the unit? _____

	Yes	No	COMPLETE EACH ITEM:
11			How do you obtain and pay for laundry services? _____
12			How do you obtain and pay for food? _____
13			Do you have a pet or assistance animal? If yes, how to obtain and pay for food, veterinary expenses, and other necessary supplies? _____
14			Do you have any other regular, reoccurring, expenses? If yes, for what, and how are those paid? _____

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident

Printed Name of Applicant/Tenant

Date