ZERO INCOME AFFIDAVIT

(To be completed by all homeowners in appropriate household)

Homeowner:	
Homeowner address:	
1. I hereby certify that I do not individually receive income from any of the follo	wing sources:
a. Wages from employment (including commissions, tips, bonuses, fees,b. Income from operation of a business;	, etc.);
c. Rental income from real or personal property;d. Interest or dividends from assets;	
 e. Social Security payments, annuities, insurance policies, retirement fur or death benefits; 	nds, pensions,
f. Unemployment or disability payments'	
g. Public assistance payments;	•
h. Periodic allowances such as alimony, child support, or gifts received to	from persons
living in my household; i. Sales from self-employed resources (Avon, Mary Kay, etc.);	
j. Any other source not named above.	
2. I currently have no income of any kind and there is no imminent change expection financial status or employment status during the next 12 months.	cted in my
Under penalty of perjury, I certify that the information presented in this certificand accurate to the best of my knowledge. I further understand that providing representations here-in constitutes an act of fraud, which may result in the repalloan or promissory note.	false
PRINTED NAME OF APPLICANT	DATE
SIGNATURE OF APPLICANT	DATE