ATTACHMENT I-1: CERTIFICATION OF UNEMPLOYMENT / ZERO INCOME

Household Member Name: _____ **Log #:** _____

Please read carefully and complete all statements that apply:

☐ **1.** I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months. I certify that I do not individually receive income from any of the following sources:

a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
b. Income from operation of a business;
c. Rental income from real or personal property;
d. Interest or dividends from assets;
e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
f. Unemployment or disability payments;
g. Public assistance payments;
h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
i. Income from self-employment resources (Sales, Babysitting, Dog Walking, etc.);
j. Cash payments;
k. Any other source not named above.

I will be using the following sources of funds to pay for rent and other necessities, such as food, clothing, transportation, and other utilities/bills:

_____

☐ **2.** I am currently unemployed but am receiving or eligible to receive unemployment benefits and/or other federal, city or state financial assistance compensation (.e. AFDC, Social Security, SSI, pension, etc.) based on employment history kind and there is no imminent change expected in my financial status or employment status during the next 12 months. I understand that my alternative source of income is subject to verification in conjunction with my application.

☐ **3.** I do not presently receive income from any of the sources listed above, but anticipate receiving one or more of these sources of income within the next twelve months as follows:

_____

SS

I/WE THE UNDERSIGNED, CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I/we have not withheld, falsified, or otherwise misrepresented any information. **I/we fully understand that any and all information I provide during this certification process is subject to review by the New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I/we understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.**

_____ _____

Signature Date