



## Certification of Zero Income

“Certification of Zero Income” should be completed by all adult members (age 18 or older) of the microenterprise business owner’s family only (when applicable).

This information is required **ONLY** if financial or technical assistance is being provided to a microenterprise under the LMC national objective.

If there are any sources of income listed that you the applicant or family member needs clarification on, please contact \_\_\_\_\_ at \_\_\_\_\_.

I. THIS SECTION TO BE COMPLETED BY THE MICROENTERPRISE BUSINESS OWNER	
Owner’s Name:	Application ID:
Family Member Name:	
Address:	Phone:
Email Address:	
II. THIS SECTION TO BE COMPLETED BY THE ADULT FAMILY MEMBER	
I _____, hereby certify that:	
A. I <b>do not</b> individually receive income from <b>any</b> of the following sources:	
<ul style="list-style-type: none"><li>• Wages from employment (including commissions, tips, bonuses, fees, etc.);</li><li>• Income from operation of a business.</li><li>• Rental income from real or personal property.</li><li>• Interest or dividends from assets.</li><li>• Social Security payments.</li><li>• Supplemental Security Income payments.</li><li>• Payments from annuities, insurance policies, retirement funds, pensions, or death benefits.</li><li>• Unemployment or disability payments.</li><li>• Public assistance payments (other than food stamps).</li><li>• Periodic allowances from alimony or child support.</li><li>• Gifts received from persons not comprising the household.</li><li>• Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, Shaklee, etc.).</li><li>• Any other source not named above; <b>AND</b></li></ul>	
I currently <b>do not</b> have income of any kind;	
III. APPLICANT CERTIFICATION	



Under penalty of perjury, I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of participation in the Program.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.*