ZERO INCOME VERIFICATION

*ONLY FOR PERSONS NOT RECEIVING ANY INCOME

APPLICANT NAME: _____

ADDRESS: _____

I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

Wages from any type of employment (including commission and fees).

Income from the operation of a business. (Self-employment – Avon, Mary Kay, etc.)

Rental income from real or personal property.

Interest or dividends from assets.

Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.

Unemployment

Public Assistance [MN Family Investment Program (MFIP), General Assistance (GA), MN Supplemental Assistance (MSA), etc.]

Alimony or Child Support

Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.

Regular monthly cash contributions from an outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

_____
PRINT NAME

_____ _____ _____
SIGNATURE DATE PHONE NO.

WARNING:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.