Families with Zero or Unstable Income

Name & SSN _____

Please answer the question below by checking "Yes" or "No" after each question. Each question pertains to you as well as all other members in your household. Explain all "Yes" answers in the space provided or on the back. **DO NOT** leave any questions unanswered.

Since the date of your last certification:

1. Has anyone moved into your home? { } Yes { } No If yes, who _____
2. Has anyone moved out of your home? { } Yes { } No If yes, who _____
3. Has anyone applied for work? { } Yes { } No If yes, who _____
4. Has anyone in your household started a job? { } Yes { } No If yes, who _____
5. Has anyone in your household quit a job? { } Yes { } No If yes, who _____
6. Has anyone in your household been laid off? { } Yes { } No If yes, who _____
7. Has anyone in your household receiving unemployment? { } Yes { } No If yes, who _____
8. Is anyone in your household self-employed? { } Yes { } No If yes, who _____
9. Is anyone in your household employed, either part-time or full-time? { } Yes { } No If yes, who _____
10. Does anyone outside your household pay any of your bills? { } Yes { } No If yes, who _____
11. Does anyone outside your household give you any money for bills? { } Yes { } No If yes, who _____

12. Has anyone in the household applied for the following:

Food Stamps	{ } Yes { } No
AFDC/TANF/FA	{ } Yes { } No
Social Security	{ } Yes { } No
SSI	{ } Yes { } No
Unemployment	{ } Yes { } No
Child Support	{ } Yes { } No
Alimony or Maintenance	{ } Yes { } No
Workman's Compensation	{ } Yes { } No

13. Does anyone in your household receive any of the following?

Food Stamps	{ } Yes { } No
AFDC	{ } Yes { } No
Social Security	{ } Yes { } No
SSI	{ } Yes { } No
Pension	{ } Yes { } No
Child Support	{ } Yes { } No
Unemployment	{ } Yes { } No

14. Please complete the following monthly expenses:

Expenses	Amount $	Paid By
FOOD		
CLOTHING		
UTILITIES		
CABLE		
PHONE		
CHILD CARE		
CAR PAYMENT		
PAPER & CLEANING PRODUCTS		

I certify that the answers I have given are true and accurate to the best of my knowledge, and have no objection to inquiries being made to verify any statements herein.

Head of Household_____

Signature of Head of Household _____ Date _____

WARNING! Title 18, Section 1001 of the U.S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.