

**Moundsville Housing Authority**

501 Tenth Street – Moundsville, WV 26041

Phone (304) 845-3141 – Fax (304) 845-3147

**VERIFICATION OF ZERO INCOME**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Do you receive income from any of the following sources? Please check each source if you DO NOT receive income from the source!**

**All information is subject to verification from third party source.**

\_\_\_\_\_ Wages (including bonus/commissions, tips, fee, etc.)

\_\_\_\_\_ Unemployment Benefits

\_\_\_\_\_ Worker’s Compensation

\_\_\_\_\_ Disability Payments

\_\_\_\_\_ Alimony

\_\_\_\_\_ Child Support

\_\_\_\_\_ Any other source (if yes, explain)

\_\_\_\_\_ Income from operation of a business

\_\_\_\_\_ Annuities, insurance policies, stocks, etc.

\_\_\_\_\_ Pensions, IRA, 401K

\_\_\_\_\_ Rental Income

\_\_\_\_\_ Sales from Direct Sales i.e.: Mary Kay

\_\_\_\_\_ Interest/dividends from assets

**IMPORTANT NOTICE:** If it is determined you have **NO** help on a regular basis you will be required to submit **ALL** receipts and most recent bills for any expenses monthly.

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I also understand Title 18, Section 101, of the U.S. Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department of the U.S. or the Department of Housing and Urban Development is guilty of a felony. I understand that I may be required to periodically update this information as requested by Moundsville Housing Authority.**

**NOTE: Sign in presence of Notary only!**

Signature of Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY ONLY**

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_,  
Name of Notary Public Name of signer

to be the person(s) whose name(s) is/are subscribed to be foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
Notary Public’s Signature

(Seal)