

UNEMPLOYED AND/OR ZERO-INCOME CERTIFICATION

CAMBRIDGE

real estate services

(If household member receives unearned income, third party verification of the income must be obtained.)

Applicant/Tenant Name: Jane Doe

Unit No. 115

Project Name: Cupcake Estates

Most Recent Employment Termination Date (if applicable): 1/2020
\*\*DO NOT write N/A\*\*
\*Month/Year Last Employed is REQUIRED
\*If Never employed write - NEVER

CHECK ALL THAT APPLY:

- ( ) I am currently unemployed and receive unemployment benefits. My weekly benefit amount is: \$
( ) I have been unemployed for the past 12 months.
( ) I am currently unemployed and DO NOT receive unemployment benefits. (Attach an employment history printout for the past 12 months from the Employment Division.)
( ) I am currently unemployed, DO NOT receive unemployment benefits, but DO receive unearned income (i.e. SS, TANE, Disability). List unearned income source(s): SS / SSI
( ) I do not anticipate employment within the next 12 months. (If applicable, attach printout of unemployment benefits being received.) The following sources of funds will be used to pay for my rent and other necessities: SS / SSI
( ) I am currently seeking employment and anticipate earning a gross annual income of \$ within the next 12 months. (Attached is proof of past employment to include, but not limited to: W-2 form, pay-stubs, employer statement, income tax filings, etc.)

Has new employment been secured? ( ) No ( ) Yes, my new employment will begin on:

The anticipated employment income listed is based on earnings from my previous employment. ( ) No ( ) Yes

( ) I have NO income and hereby certify to the following:

- 1. I do not individually receive or expect to 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. Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc.);
j. Financial assistance awarded or provided while attending college;
k. Any other source not named above.
2. No other party pays for items (such as rent, household goods, etc.) for my benefit.
3. 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.
4. I will be using the following sources of funds to pay for rent and other necessities: IF zero income complete #4
This is often another member in the household

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



Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**ZERO/VERY LOW INCOME  
VERIFICATION CHECKLIST**

ATTACHMENT 6-B



**CAMBRIDGE**  
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In an effort to better understand how your reported household income provides for typical household expenses, if your spouse or other occupant support the household expenses or if the total combined annual income for your household is less than \$5,000.00, please complete the form below. Although not all expenses listed may apply, please attach additional support documentation if necessary.

Property \_\_\_\_\_ Date \_\_\_\_\_

Resident's Last Name \_\_\_\_\_ Apartment No. \_\_\_\_\_

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
<b>FOOD</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Food Stamps		
		WIC		
		Food Bank		
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In Kind Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SHELTER COSTS</b>				
<b>Housing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Electricity</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Natural Gas</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Water</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CLEANING/GROOMING</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		In kind Donation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TRANSPORTATION</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		In kind Donation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Automobile Payment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		In kind Donation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Automobile Insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gasoline</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Automobile Maintenance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ENTERTAINMENT</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Cable/Satellite</b>		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Video Rentals</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
<b>Sporting Events</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other Entertainment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CLOTHING EXPENSES</b>				
<b>Clothes/Shoes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In Kind Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Laundry</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In Kind Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>COMMUNICATIONS</b>				
<b>Telephone</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In Kind Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cellular Telephone</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In Kind Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pager/Beeper</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		In Kind Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Internet</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cash</b>		In Kind Donations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MEDICAL EXPENSES</b>				
		Cash Contributions		
		Other		
<b>MISCELLANEOUS EXPENSES</b>				
<b>Alcohol and Tobacco</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Non-reimbursable Education</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Non-reimbursable Childcare</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Non-reimbursable Job Expenses</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II**

(A) Benefit Source	(B) Eligible (If Yes, Column C)	(C) Applied (If Yes, Column D)	(D) Status
<b>SOCIAL SECURITY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>UNEMPLOYMENT</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HEALTH AND WELFARE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>VETERANS ADMINISTRATION</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OTHER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach receipts, applications and other documentation to the completed checklist and retain in application or tenant file.

***I hereby state that the information given above is true and complete to the best of my knowledge.***

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_