

Housing Counseling Services  
MHAP Program  
Zero Income Statement

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

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

This statement is to certify that I am not receiving income from any source whatsoever:

- ❖ I am not employed through any private or public employer.
- ❖ I am not receiving unemployment compensation benefits.
- ❖ I am not receiving Social Security benefits or any type of annuity benefits.
- ❖ I am not receiving Public Assistance (PA), Pension or Veteran's benefits.
- ❖ I am not receiving income from any source.
- ❖ I am on maternity leave without pay \_\_ (*If so, please check*).
- ❖ I am on sick leave without pay \_\_ (*If so, please check*).
- ❖ I understand that I must report any change in income status.

Money received from friends, relatives, etc., is income and must be reported. If you receive such funds, obtain a notarized statement specifying the amount received.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date