## HOUSING & COMMUNITY DEVELOPMENT

## EMERGENCY RENTAL ASSISTANCE (ERA) ZERO INCOME DECLARATION

I,, have applied for rental assistance throu	
EMERGENCY RENTAL ASSISTANCE program on behalf of my household. Program regu	ılations
require verification of all income from participating household members older than 18.	
Income includes but is not limited to:	
• Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses	
• Net income from operation of a business or from rental or real personal property	
• Interest, dividends and other net income of any kind for real personal property	
• Periodic payments received from Social Security, annuities, insurance policies, retirement fu	ınds,
pensions, disability or death benefits and other similar types of period receipts	
• Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24	CFR 5.609
(b)(5))	
• Payments in lieu of earnings, such as unemployment and disability compensation, worker's	
compensation, and severance pay	
Public assistance	
<ul> <li>Alimony and child support payments (whether through the court system or not)</li> </ul>	
• Regular pay, special pay and allowances of a head of household or spouse who is a member	of the
Armed Forces (whether or not living in the dwelling)	
Regular monetary gifts from family and/or friends	
I have stated during this verification process that my household has no income at this time	
member of my household received income in 2020 and has not received income 60 days pri	or to the
date of this application. My household does not expect to receive any income until	•
I understand that any misrepresentation of information or failure to disclose information requ	
this form may disqualify me from participation in the EMERGENCY RENTAL ASSISTANCE	∑ program,
and may be grounds for termination of assistance. WARNING: It is unlawful to provide false	
information to the government when applying for federal public benefit programs per the Pro	gram
Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.	
I certify that the above information is true and correct.	
Signature: Date:	