



Tool C-6: Annotated Business Certification of Zero Income

Certification of Zero Income

“Certification of Zero Income” should be completed by adult members (age 18 or older) of the business owner’s family only (if appropriate).

I. THIS SECTION TO BE COMPLETED BY BUSINESS OWNER

Owner’s Name:	Application ID:
Family Member Name:	
Address:	Phone:
Email Address:	

II. THIS SECTION TO BE COMPLETED BY FAMILY MEMBER

I _____, hereby certify that:

A. I **do not** individually receive income from **any** of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business.
- Rental income from real or personal property.
- Interest or dividends from assets.
- Social Security payments.
- Supplemental Security Income payments.
- Payments from annuities, insurance policies, retirement funds, pensions, or death benefits.
- Unemployment or disability payments.
- Public assistance payments (other than food stamps).
- Periodic allowances from alimony or child support.
- Gifts received from persons not comprising the household.
- Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, Shaklee, etc.).
- Any other source not named above; **AND**

B. I currently **do not** have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; **AND**

C. I will be using the following sources of funds to pay for rent, utilities, and/or other necessities:

— Briefly note how each source will contribute to basic living needs. (e.g. student loans, family members covering basic living expenses, credit cards/other debt). —

III. APPLICANT CERTIFICATION

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

Printed Name

Signature

Date

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

If there are any sources of income listed that you (the applicant) need clarification on, please contact Grant Administrator.

This information is required ONLY if assistance is being provided to a microenterprise, or when technical assistance (not grant/loan funding) is provided to a business.