## ZERO INCOME AFFIDAVIT

Please provide employment verification if employed (VOE, paystubs, and W-2) or Disability/Social Security/Pension verification. If a Full-time Dependent Student, upload high school/college transcript. If 18<sup>+</sup>, not enrolled in high school/college, and not earning income, complete a Zero Income Affidavit.

Bo	forrower(s):	
Pr	roperty address:	
1.	. I hereby certify that I do not individually receive income from any of	the following sources:
	<ul> <li>a. Wages from employment (including commissions, tips, bonuble). Income from operation of a business;</li> <li>c. Rental income from real or personal property;</li> <li>d. Interest or dividends from assets;</li> <li>e. Social Security payments, annuities, insurance policies, retire or death benefits;</li> <li>f. Unemployment or disability payments'</li> <li>g. Public assistance payments;</li> <li>h. Periodic allowances such as alimony, child support, or gifts reliving in my household;</li> <li>i. Sales from self-employed resources (Avon, Mary Kay, Doorly). Any other source not named above.</li> </ul>	ement funds, pensions, eceived from persons
2.	I currently have no income of any kind and there is no imminent char financial status or employment status during the next 12 months.  Under penalty of perjury, I certify that the information presented in the and accurate to the best of my knowledge. I further understand that prepresentations here-in constitutes an act of fraud, which may result in loan or promissory note.  PRINTED NAME OF HOUSEHOLD MEMBER	nis certification is true roviding false
	SIGNATURE OF HOUSEHOLD MEMBER	DATE