

Metropolitan Development and Housing Agency Rental Assistance Department

620 Dew Street • Nashville, Tennessee 37206
Mailing Address: P O Box 846 Nashville, Tennessee 37202
Telephone (615) 252-6500 • TDD (615) 252-8599 • FAX (615) 252-6614

www.nashville-mdha.org
section8@nashville-mdha.org

Zero Income Certification

Re: Household of:	Head of Household Name					
certification, complet	te the attached questionnaire er. All adult members of the	usehold have reported no income. Please sign this and return in the enclosed envelope within 10 days of e household with no income must sign the form and				
MDHA Representativ	ve	Date				
As an adult member of the above referenced household, I certify that I am not employed and have no source of income, earned or unearned. I understand that should my income status change, I am obligated to report it to the MDHA Rental Assistance Office within 15 days. I further understand that failure to report any income that I receive may result in my family being charged retroactive rent and/or being discontinued from the Section 8 Program.						
<u>CERTIFICATION</u> I/We certify that the information provided on this document is true and complete to the best of my knowledge. I/We understand that false statements or information are punishable under Tennessee Code Annotated and Section 1001 of Title 18 of the U.S. Code which provides penalties up to \$10,000 or imprisonment up to five (5) years or both. I/we also understand that false statements or information are grounds for me being charged retroactive rent and my housing assistance being terminated.						
• •		ng, knowing it is false, for the purpose of obtaining or rent subsidy shall be guilty of a Felony".				
Head of Household		Other Family member 18 years old or older				
Date		Date				
		Other Family member 18 years old or older				
		Date				



4.

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Address:		
Please complete the questions below, sign, date & return to our office if you an applicant/participant of the Section 8 Housing Choice Voucher Program		iming zero incon
1. Do you or any family member:		
Own a business?	Yes	No
Work full time?	Yes	No
Work part-time?	Yes	No
Receive wages, tips, bonuses or commissions for work?	Yes	No
Work for someone who pays in cash?	Yes	
Receive worker's compensation?	Yes	No
Receive severance pay?	Yes	No
Receive child support through a court order or DHS?	Yes	No
Receive child support from an absent parent?	Yes	
Receive alimony payments?	Yes Yes	No
Receive public assistance under TANF (formerly AFDC)? Receive Social Security payments?	Yes	
Receive SSI payments?	Yes	No
Receive payments from a pension?	Yes	No
Receive payments from an annuity?	Yes	No
Receive payments from an insurance policy?	Yes	No
Receive regular contributions from other persons or organizations?	Yes	No
Receive military pay or allotment?	Yes	No
Receive any other type of payments not mentioned here?	Yes	No
Receive financial aid? (students)	Yes	No
Receive disability or death benefits?	Yes	No
Receive income from babysitting?	Yes	No
Receive winnings paid in periodic payments?	Yes	
2. Please provide information of your current monthly household exp Monthly Food Stamp Allotment Monthly Phone Bill Monthly Gas Bill Monthly Water Bill Monthly Cell Phone Bill Monthly Car Payment Monthly Car Insurance Payment Monthly Life Insurance Payment	enses as l	<u> </u>
Monthly Credit Card or other Debt Payments	\$	

Do you have a savings account? Yes ___ No ___ If so, where



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5.	Will you be applying for any of the following benefit TANF (AFDC) Unemployment Compensation Disability Workman's Compensation	Yes Yes Yes Yes	No No No No	
6.	How do you pay rent & utilities? How do you pay for food & clothing? How do you pay for medical expenses? How do you pay for your transportation expenses?			
	e stated during this verification process that I have no inc 90 days and return it to MDHA.	come at this time. I unders	tand that I must complete this form	
	fy that the above information is true and correct. I also used to the composition or income in writing to immediately to			
Hea	d of Household Signature	Date	e	
Prin	ted Name	Date	Date	
Oth	er Adult Family Member Signature	Date	<u> </u>	
Prin	ted Name	Date	<u> </u>	

Entering name or digital signature in signature field of an electronic version of this form is the same as signing the document.