

Zero Income Certification

Primary Tenant Name: _____

Address: _____

If any adult household member reports zero income, complete the below certification. If not, write N/A:

I, _____, (Tenant) verify that I am unemployed and not receiving any income, benefits, or financial assistance from any federal, state, or local agency and/or other private entity. I understand that false statement(s) or information provided to my landlord for the purposes of rental assistance through the Fairfax County Coordinated Services Planning (CSP) Program could result in denial from the Fairfax County CSP financial assistance. I understand that failure to report income as stated above is grounds for denial from the Fairfax County CSP financial assistance. I also understand that because I do not have any income, my household income will be reassessed. I agree to cooperate with any additional assessment of my income in order to continue to receive assistance.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Fairfax County CSP Financial 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 or benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

I certify that the above information is true and correct.

Signature: _____ Date: _____

