

# FRAMINGHAM HOUSING AUTHORITY

1 John J. Brady Drive Framingham, MA 01702-2300

## SELF CERTIFICATION OF ZERO INCOME:

Participants who are part of the Housing Choice Voucher Program must provide verification of zero income. This form should be completed by every adult household member of households claiming zero income.

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Participant Name

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Participant Address  
Code

City, State

Zip

SSN: \_\_\_\_\_

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This is to certify that I am presently unemployed and do not receive any income from sources such as unemployment, public assistance (TANF), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran's benefits, government grants, savings accounts, trust funds, gifts, etc.

I further certify that I have been advised by Framingham Housing Authority that in view of the fact that the Department of Housing and Urban Development (HUD) will be required to subsidize part or all of my monthly rental payments, due to my lack of income, they may elect to investigate the validity of my application for increased subsidy payments.

I further certify that I have been advised by Framingham Housing Authority that I must report any monetary or non-monetary increase in my income within 30 business days from the date of the change so that the necessary rental adjustments can be made. I have also been advised that one year from the date that my household reports zero income, I must report to the office to re-verify the status of my income as long as my household continues to report zero income.

I further certify that the information given to Framingham Housing Authority regarding my income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with Framingham Housing Authority. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

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Signature of Participant

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Date

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