

**Unified Supportive Housing System (USHS)
Declaration of Zero Income**

I _____, understand that the information provided on this form will be used to determine income eligibility. I have read the clarification for what is considered **income*** and hereby certify that I am currently receiving no income from any source.

I certify that this statement is true to the best of my knowledge and understand providing false, misleading or incorrect information may result in ineligibility for Housing Provider units in the Unified Supportive Housing System (USHS).

Prospective Applicant Signature **

Date

Provider Agency Representative

Date

***Income:** Wages from job, self-employment, Social Security, Social Security Income (SSI), Pension/Veteran's Administration (Military Pay), TANF/Ohio Works First (Public Assistance), Unemployment Benefits, Workers Compensation, Educational Financial Assistance (Financial Aid), Court-Ordered Child Support Payments Received, Informal Child Support Payments Received and Alimony.

**Document is valid for thirty (30) days from the signature date. Upon referral Housing Provider will ask for updated income verification.