Housing Authority of Prince George's County

Angela D. Alsobrooks
County Executive

Estella Alexander, Executive Director

Yolanda L. Hawkins-Bautista, Chair — Board of Commissioners

ZERO INCOME STATEMENT

NAME: _____ DATE: _____

SSN Last 4 Digits: _____

This statement is to certify that I am not receiving income from any source whatsoever.

I am not employed through any private or public employer.

I am not receiving unemployment compensation benefits.

I am not receiving Social Security benefits or any type of annuity benefits.

I am not receiving Temporary Disability Assistance Payments for Adults (TDAP), Temporary Cash Assistance (TCA), Pension or Veteran's benefits.

I am not receiving income from any source.

I am on leave without pay ( ) (please check).

I understand that I must report any change in income status.

Money or compensation received from friends, relatives, etc., is income and must be reported. Obtain notarized statement from provider of amount received.

This form must be SIGNED in order to be deemed valid.

Signed: _____
(PERSON WITH ZERO INCOME)

Address: _____

_____

_____
Telephone Number

_____
Email Address

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.