



THE HOPI TRIBE
ZERO INCOME CERTIFICATION

Head of Household: _____ Date: _____

Applicant: _____

Acknowledgement: By signing your initials or name below, you acknowledge and agree that this represents your signature and you are attesting to all information being provided on this form.

1. I/we hereby certify that I/we do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Jewelry making, Doll carving, Weaving, Basket Weaver; etc.);
 - j. Child support or alimony;
 - k. Any other source not named above.

*Initials

2. I/we currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

*Initials

Signature of Applicant/Tenant

Print Name of Applicant/Tenant

Date

Signature of Applicant/Tenant

Print Name of Applicant/Tenant

Date

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