

Zero Income Self-Attestation Form



The Rebuild Florida Workforce Recovery Training Program (Program) requires that income sources be verified and documented. Complete the information below only if you have no source(s) of income. Upon completion, submit this form to the appropriate subrecipient. **If you have any income sources, do NOT complete this form. You must complete the Income Self-Attestation Form. Check with the appropriate program partner to receive the correct form.**

I, _____, have applied for or am a part of the household that applied for assistance under the Program. I understand that Program regulations require verification of all income sources from household members 18 years of age or older. I am aware that income includes, but it not limited to:

- Wages, salaries, overtime pay, commissions, fees, tips and bonuses;
- Self-employment income from operation of a business, including proprietorships and partnerships;
- Farm income;
- Net rental income;
- Interest, dividends, or income from estates or trusts;
- Social Security or railroad retirement;
- Supplemental Security Income, Aid to Families with Dependent Children, or other public assistance or public welfare programs;
- Retirement, survivor, or disability pensions;
- Veterans' (VA) payments;
- Payment in lieu of earnings, such as unemployment compensation, reemployment assistance, disability compensation, worker's compensation, and severance pay;
- Alimony (or separate maintenance payments);
- Periodic payments received from annuities, insurance policies, retirement funds, disability, or death benefits (except insurance proceeds received as a result of someone's death) and other similar types of periodic receipts;
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609(b)(5));
- Regular pay, special pay, and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling);
- Regular monetary gifts from family and/or friends; and
- Other income, including prizes and awards; gambling, lottery or raffle winnings; jury duty fees.

I have stated during this verification process that I have no income at this time. I understand that any misrepresentation of information or failure to disclose information requested on this form could disqualify the household from being eligible for the Program. I also understand that this certification statement may be subject to further verification by the U.S. Department of Housing & Urban Development, the Program or any other State or Federal agency. I, therefore, authorize such verification, and I will provide supporting documents, if necessary.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

I certify that the above information is true and correct.

Check One:

- PARTICIPANT APPLICANT HOUSEHOLD MEMBER

Printed Name

Signature

Date

STAFF VERIFICATION

I certify that the individual whose signature appears above provided the information recorded on this form.

Printed Name

Signature

Date