

COVID-19 Assistance Program – Zero Income Certification Form

Instructions: Please submit complete form to frontdesk@skha.org, fax 406-675-4495, P.O. Box 38 Pablo, MT 59855, or drop off at the SKHA drop box.

Date: _____

Applicant Name: _____

Address: _____

1. I hereby certify that my household does not 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 (Avon, Mary Kay, EBay, etc.).
 - j. Any other source not named above.

2. My household currently has no income of any kind and there is no imminent change expected in my financial status or employment status.

3. I will be using the following sources of funds to pay for rent and other necessities:

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of housing assistance.

Signature of Applicant	Date
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Signature of Applicant	Date
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