

**Arlington Housing Authority
4 Winslow Street
Arlington, MA 02474-3062**

Statement of Zero Income

I, _____ of _____ do hereby certify and affirm that from _____, to the present day, I do not receive any income but not limited to wages, unemployment compensation, worker's compensation, social security benefits including social security disability (SSDI) and supplemental security income (SSI), welfare, pensions, trusts, child support, alimony, and income derived from stocks, bonds, real estate or other assets.

Furthermore, I hereby agree to report any change in my income immediately and that any failure to do so may result in my housing benefits being reduced or terminated in accordance with applicable laws, regulations, rules, and policies.

SIGNATURE OF TENANT

DATE SIGNED

Now therefore, I _____ do hereby certify the above to be true and complete to the best of my knowledge and belief as witnessed my hand and seal this _____ day of _____, 20____.

My Commission Expires: _____

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined no more than \$10,000 or imprisoned for no more that five years, or both.