

## Zero-Income Certification Statement

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The Restore Louisiana Homeowner Assistance Program (RLHAP) requires that income sources be verified and documented. The verification of benefits process revealed that you potentially have no source(s) of income. Please read the information and complete the certification statement below, if you do NOT have any income. Upon completion, submit this form to your assigned case manager with the RLHAP.

I, \_\_\_\_\_, have applied for or am a part of the household that applied for assistance under the Restore Louisiana Homeowner Assistance Program (RLHAP). 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 is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits (except insurance proceeds received as a result of someone's death) and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609(b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Alimony (or separate maintenance payments) received
- Farm income (or loss)
- 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
- 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 RLHAP. I also understand that this certification statement may be subject to further verification by the U.S. Department of Housing & Urban Development, Restore Louisiana 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_