# **INSTRUCTIONS - NO INCOME CERTIFICATION**

At each initial CoC Rental Assistance certification and annual re-certification Housing Providers must require each adult household member reporting zero income to complete a No Income Certification. The certification form is attached as page two of this document. While Housing Provider staff are not required to investigate such claims, staff should be aware of any obvious signs of fraud. If readily available information raises doubts about the validity of the claim, the Housing Provider should contact the Housing and Homeless Services Unit for guidance.

# **NO INCOME CERTIFICATION**

**Name of Certificate Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Adult Certifying No Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby certify that I am not receiving any income at the present time. For example, I am not currently receiving any type of income from a job or business or from any local, state or federal agency. I am not receiving any welfare or social security payment, alimony, child support, regular monetary gifts from family and/or friends, unemployment, disability or worker’s compensation, severance pay, payments from a foster care agency, pension/retirement benefit or income from assets.**

**Furthermore, I agree to immediately notify the State of Connecticut Department of Mental Health and Addiction Services of any changes when I become gainfully employed and/or when I begin to receive assistance/income from any local, state or federal agency, and/or any other source, including but not limited to those mentioned above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF ADULT CERTIFYING NO INCOME DATE**