

**(To be completed by adult household members only)**

I, \_\_\_\_\_, do hereby certify that I am currently receiving no income from any source.

Please answer the following questions:

	Monthly Cost	Source of Payment
Cost of supplies not covered by food stamps: Such as paper products, cleaning supplies, personal care items, etc. per month?	\$ _____	_____
Cost of Utilities?	\$ _____	_____
Do you have a telephone? Cost of telephone per month?	\$ _____	_____
Cost of medical expenses per month?	\$ _____	_____
Cost of clothing per month: Cost of purchasing clothes?	\$ _____	_____
Cost of laundering clothes?	\$ _____	_____
Do you own an automobile? Cost of insurance per month?	\$ _____	_____
Cost of gasoline per month?	\$ _____	_____
Cost of maintenance per month?	\$ _____	_____
Do you smoke? Cost of cigarettes per month?	\$ _____	_____
Do you have cable/satellite TV and/or Internet?	\$ _____	_____
Other entertainment	\$ _____	_____
Total Monthly Expenses	\$ _____	

Under penalty of perjury, 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 a lease agreement.

\_\_\_\_\_  
 Tenant Signature

\_\_\_\_\_  
 Date