

# TX BoS CoC Barriers Fund Program: Zero Income Certification

HMIS ID \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_, have applied for assistance under the TX BoS CoC Barriers Fund Program. Before assistance is provided, program regulations require verification of all income from participating households. Income includes:

- 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 and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- 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

I have stated during this verification process that I have no income at this time. I have not received income since \_\_\_\_\_. I do not expect to receive any income until \_\_\_\_\_. I applied for \_\_\_\_\_ (other financial assistance) on \_\_\_\_\_ (date).

By signing below, I certify the information provided on and in connection with this form is true and correct to the best of my knowledge. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date