



## HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM

### SELF-CERTIFICATION OF NO INCOME

*Each household member 18 years or older, who does not receive any income, must complete this form.*

Household Member's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

#### **Within the last 12 months, did you receive income from any of the following sources?**

- Yes  No Wages, salaries, tips, bonus, commissions, etc.
- Yes  No Severance pay
- Yes  No Worker's compensation
- Yes  No Interest/dividends from assets, including bank accounts
- Yes  No Net income from the operation of a business or profession
- Yes  No Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, and online sales
- Yes  No Unemployment benefits
- Yes  No Social Security or Supplemental Security Income (SSI)
- Yes  No Annuities, pensions, and retirement funds (i.e. IRA, 401K)
- Yes  No Insurance policies, disability, death benefits, or similar types of periodic receipts
- Yes  No Alimony or child support
- Yes  No Regular contributions or gifts received from organizations or other persons not residing in the dwelling (including online donations such as GoFundMe or through a local bank)
- Yes  No Temporary Assistance for Needy Families (TANF)
- Yes  No All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm)

Yes  No Any other source (if yes, explain) \_\_\_\_\_  
\_\_\_\_\_.

**If the answer to any of the above is yes, please return to the income section of your application. Complete the appropriate line item and include the support documentation with your application or complete the SELF-ATTESTATION OF INCOME if you do not have supporting documentation of income.**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Rental Assistance Program and other remedies available under applicable law. I also give the Hall County Rental Assistance Program and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

\_\_\_\_\_  
Signature of Household Member                      Printed Name of Household Member                      Date

**THIS SECTION TO BE COMPLETED BY THE HEAD OF HOUSEHOLD ONLY**

Did every household member 18 years and over complete a Self-Certification of No-Income?

Yes  No

If yes, please complete the following:

**Over the last 12 months, explain how your household pays for the following:**

Rent (including garage rent, if applicable) \_\_\_\_\_

Utilities \_\_\_\_\_

Food \_\_\_\_\_

Family clothing \_\_\_\_\_

School supplies \_\_\_\_\_

Cell phone or phone \_\_\_\_\_

TV (cable, dish, satellite): \_\_\_\_\_

Internet \_\_\_\_\_

Medical/Dental care: \_\_\_\_\_

Medications & Prescriptions: \_\_\_\_\_

Personal care products (shampoo, toothpaste, etc.) \_\_\_\_\_

Vehicle expenses (car payments, insurance, fuel, etc.) \_\_\_\_\_

Payments on other expenses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

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\_\_\_\_\_  
Signature of Applicant/  
Head of Household

\_\_\_\_\_  
Printed Name of Applicant/  
Head of Household

\_\_\_\_\_  
Date