



**Prince William County
Office of Housing and
Community Development**

15941 Donald Curtis Drive, Suite 112
Woodbridge, VA 22191
PHONE: 703-792-7530
FAX: 703-792-4978
www.pwcgov.org/housing

ZERO INCOME CERTIFICATION

I _____ residing at _____ do, hereby certify that I am not employed and that I do not have ANY source of income, earned or unearned. In the event I do become employed or begin receiving income from any source, I will report that income in writing to my assigned Housing Program Specialist within 10 business days. I further understand that until I am employed or begin receiving income from any source I must complete a Zero Income Certification every 90 days and return it to my Housing Program Specialist.

In the chart below, list the Monthly average amount all household members pay for each item listed. If the expense does not apply to write "No" or "None". Do not leave any spaces blank. If you have other expenses not listed include them on the back of the norm with the name of the expense and amount paid monthly.

Rent	\$	Car Payment	\$	Loan Payment	\$
Gas	\$	Gasoline Car	\$	Credit Cards	\$
Electricity	\$	Car Insurance	\$	Life Insurance	\$
Water/Sewer	\$	Car Maintenance	\$	Medical Bills	\$
Trash	\$	Transportation	\$	Medical Insurance	\$
Cable/Internet	\$	Child Care	\$	Groceries/Food	\$
Telephone	\$	Cell Phone	\$	Other	\$
TOTAL MONTHLY EXPENSES				\$	

Attached to this form a statement as to how you pay these expenses each month with no reported income.

I certify that the above information is true and complete and that I understand that if anyone outside of my listed household provides goods and services that I must report those goods and services to Prince William County Office of Housing and Community Development within 10 business days.

Do not sign this form except in the presence of a Notary Public

Signature Date

County of Prince William
Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me this _____ day of _____, _____

by _____
Name of person signing document

Notary Public
Registration # _____
My Commission Expires: _____

Housing Program Specialist: _____