



ZERO INCOME AFFIDAVIT COBB COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM

Name:
Age:
SSN:

I, _____, am a part of a household applying for emergency rental and/or utility assistance through the Cobb County Rental Assistance Program. Program regulations require verification of all income from participating household's members.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental property
- Interest, dividends and other net income of any kind for 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 household)
- Regular monetary gifts from family and/or friends

I swear or affirm that I currently do not have any income of any kind at this time. I have not received income since _____. I do not expect to receive any income until _____.

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in Cobb County Rental Assistance Program and may be grounds for termination of assistance. I understand that O.C.G.A. § 16-10-20 provides that willful false, fictitious or fraudulent statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor, punishable by fines and imprisonment.

I attest that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income before reapplying for funding.

Print Name of Household Member

Signature of Household Member

Date

