



RESIDENTIAL 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 Ocean County Residential Rental Assistance Program and other remedies available under applicable law. I also give the Ocean County Residential 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 _____

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 Ocean County Rental Assistance Program and other remedies available under applicable law. I also give the Ocean 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 Applicant/
Head of Household

Printed Name of Applicant/
Head of Household

Date