



# CITY OF FAIRFIELD

Incorporated December 12, 1903

Housing Services Department

FAIRFIELD HOUSING AUTHORITY  
1525 Webster Street, Suite A  
Fairfield, CA 94533-5500

Phone: 707.428.7392  
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## Zero Income Individual Certification

(to be completed by adult household member only, if applicable)

Head-of-Household Name: \_\_\_\_\_

1. I, \_\_\_\_\_ (name of household member this applies to), hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal property;
- Interest of dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employment resources (Door Dash, Uber, Instacart, etc.); and
- Any other source not named above.

2. I currently have no income of any kind and therein no imminent change expected in my financial status or employment status due to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Zero Income Individual Certification continued

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease assistance.

I understand that I am required to report all changes of income or household members, including new employment, within 10 business days of the date the change takes effect.

\_\_\_\_\_  
Signature of Head-of-Household

\_\_\_\_\_  
Print Name of Head-of-household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household member

\_\_\_\_\_  
Print Name of Household member

\_\_\_\_\_  
Date

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It is the policy of the Fairfield Housing Authority to provide reasonable accommodation to persons with disabilities, so that they may fully access and utilize the housing program and related services. Requests for reasonable accommodation must be made in writing. The Housing Authority must be allowed reasonable time to evaluate all requests.

