



SYRACUSE HOUSING AUTHORITY

Building Neighborhoods, Growing Dreams.

ZERO INCOME FORM

**THIS FORM MUST BE NOTARIZED**

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

HEAD OF HOUSEHOLD'S NAME: \_\_\_\_\_

I, \_\_\_\_\_, have no source of income at the present time.

I certify that I have not **earned** or **received** any type of income for the period of time from

**(Month/Day/Year)** \_\_\_\_\_ **(Month/Day/Year)** \_\_\_\_\_.

I further understand that I must **immediately report** any new income to the SECTION 8 program; this includes but is not limited to wages, unemployment, disability, TANF, etc.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
DATE

