

MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155

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TTY 1-800-720-3480



**Self-Certification of Zero Income
Individual**

This form should be completed by individuals claiming zero income who are members of households reporting income. Verification of Zero income must be provided.

Head of Household Name:
Applicant/ Participant Name:
Social Security Number:
Applicant/ Participant Address:

This is to certify that I am presently unemployed and do not receive any income from sources such as unemployment, public assistance (TANF), alimony, child support, social security, pension, or annuity, military pay, disability, assets, veteran benefits, government grants, savings accounts, trust funds, monetary gifts, Uber, Lyft etc.

I further certify that I have been advised by MHA that the Department of Housing and Urban Development (HUD) may elect to investigate the validity of my application for increased subsidy payments.

I further certify that the information given to MHA regarding my income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law. I also understand that false statements or information are grounds for termination of the Section 8 Housing Choice Voucher Program with MHA.

Signature of Applicant/ Participant

Date

WARNING: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/ or imprisoned.



EQUAL HOUSING OPPORTUNITY