



AHP Set-aside Program Certification of Zero Income/Assets

Applicant's name: _____

Current address _____

City _____ State _____ Zip Code _____

Person certifying to zero income/assets: _____

Please check as appropriate:

I _____ certify that I do not individually receive income or have not received income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- h. Sales from self-employed resources (Avon, Mary Kay, Amway, etc.);
- i. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- j. Veteran's Benefits;
- k. Supplemental Security Income;
- l. Checking, savings, retirement assets accounts; OR
- m. Any other source not named above.

I _____ certify that I do not individually have any asset accounts (checking, savings, retirement, etc.).

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or any accompanying documentation is subject to penalties that may include fines, imprisonment, or both, under provisions of Title 18, United States Code, Sec. 1014.

Signature of person certifying to zero income/assets

Date