



**Certification of Zero Income**  
**Community Development**  
**Block Grant Program**  
**STATE OF MISSOURI CDBG-DR**  
**IN EFFECT FOR GRANT(S):**  
**DR-4317: B-18-DP-29-0001**  
**DR-4451: B-19-DP-29-0001**

A "Certification of Zero Income" should be completed by adult (over 18) household members, if applicable. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001, and 31 U.S.C. 3729

**Sub-recipient Name:** \_\_\_\_\_  
**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

I, \_\_\_\_\_, 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 or dividends from assets;
  - Social security payments;
  - Supplemental Security Income payments;
  - Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
  - Unemployment or disability payments;
  - Public assistance payments (other than food stamps);
  - Periodic allowances from alimony or child support;
  - Gifts received from persons not comprising the household;
  - Sales from self-employed resources (Pampered chef, Avon, Mary Kay, etc.);
  - Any other source not named above; and
  - I currently do not have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; and
- 
- I will be using the following sources of funds to pay for rent, utilities, and/or other necessities:

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

Under penalty of perjury, I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of participation under the Missouri Department of Economic Development CDBG-DR program.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.*