

**NORTH SUBURBAN CONSORTIUM**  
**Phone: 781-324-5720 Ext 5729      Fax: 781-322-3734**

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*Serving the communities of*  
MALDEN ❖ MEDFORD ❖ ARLINGTON ❖ CHELSEA ❖ EVERETT ❖ MELROSE ❖ REVERE ❖ WINTHROP

**Zero Income Affidavit**

**Household Name:** \_\_\_\_\_  
\_\_\_\_\_

**Subject Property Address:** \_\_\_\_\_  
\_\_\_\_\_

1. I hereby certify that I do not individually receive 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. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support or gifts received from persons living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.

Initial if the statement below applies:

\_\_\_\_\_ I certify that I have no income of any kind and I have not filed IRS Tax Returns for the previous 2 years.

I do not anticipate a change expected in my financial status or employment status during the next 12 months. 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 understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the repayment of NSC HOME funds.

\_\_\_\_\_  
Signature of Applicant/Household Member

\_\_\_\_\_  
Date

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name

My Commission Expires: \_\_\_\_\_