

Balch Springs Cares
Zero Income and Zero Assets Certification

If only one is applicable, write N/A next to the certification that does not apply.

Administrator Name: CITY OF BALCH SPRINGS

13503 Alexander Road, Balch Springs, TX 75181

Household Member Name:

Address:

“Zero Income Certification”

Must be initialed and signed by household member age 18 or older when the income claimed is zero.

_____ 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 or sales from self-employed resources (including Avon, etc.);
- c. Rental income from real or personal property;
- d. Annuities, insurance policies, retirement funds, pensions, death benefits or interest or dividends from assets
- e. Unemployment, Disability or Social Security payments; Public assistance payments other than food stamps;
- f. Periodic allowances such as alimony, child support, or gifts received from persons;
- g. Any other source not named above; AND

_____ I do not foresee an imminent change in my financial status or employment status during the next 12 months; AND

_____ I will be using the following sources of funds to pay for my expenses below:

	<u>Expense</u>	<u>Source of funds</u>		<u>Expense</u>	<u>Source of funds</u>
Mortgage/Rent	\$ _____	_____	Homeowners/Renters Insurance	\$ _____	_____
Property Taxes	\$ _____	_____	Auto Loan	\$ _____	_____
Utilities: Electric	\$ _____	_____	Auto Insurance	\$ _____	_____
Utilities: Gas	\$ _____	_____	Phone/Cell	\$ _____	_____
Utilities: Water	\$ _____	_____	Auto Gas/Diesel	\$ _____	_____
Groceries	\$ _____	_____	Household Essentials	\$ _____	_____
Toiletries	\$ _____	_____			
			Total Expenses:	\$ _____	

“Zero Asset Certification”

Must be initialed by household member age 18 or older when the absence of a bank account is claimed.

_____ I hereby certify that I **do not** have a bank account, or any other type of asset accounts.

Household Member Certification: Under penalty of perjury, I hereby certify that the information provided to City of Balch Springs Administrator in this Certification is true, correct, and complete. I agree to provide additional information upon request.

 Signature of Household Member

 Date

TEXAS NOTARY ACKNOWLEDGMENT - State of Texas

County of _____

Before me, _____ [Notary Name], on this day personally appeared _____ [Name of Principal], known to me (or proved to me on the oath of _____ or through _____ [Description of Identity Card or Other Document] to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 _____. (seal)

 Notary Public Signature

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U. S. Government.