



Section 8 Offices  
 23B Glade Street, West Haven, CT 06516  
 Tel: (203) 934-9266  
 Fax: (203) 937-0306  
 TTD/TTY 1-800-545-1833 X 901  
 Section 8 Inspection office  
 Tel: (203) 691-8444  
 Fax: (203) 691-8426

Equal Opportunity Housing

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 Executive Director

**CERTIFICATE OF ZERO INCOME**

TC-100 F

To be completed by adult household members only, if appropriate.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**This form must be notarized and returned by:** \_\_\_\_\_.

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 of 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 not Living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status.

3. I will be using the following sources of funds to pay for utilities and other necessities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 understand (s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of Section 8 assistance.

\_\_\_\_\_  
 Signature of Applicant/Tenant

\_\_\_\_\_  
 Printed Name of Applicant/Tenant

\_\_\_\_\_  
 Date

My commission expires \_\_\_\_\_  
 Date