

# Ocala Housing Authority

## Certification of Zero Assistance

I, \_\_\_\_\_, hereby certify that I am, at this time, unemployed and that I have **NO INCOME** of any kind, from any source whatsoever.

In the event that there is a change in my income, I understand that **I MUST** immediately notify the Ocala Housing Authority and provide complete information about my total family income.

I further understand that my failure to report all changes in family income and family composition within ten business days from the date of change constitutes a violation of my family obligations and may result in termination of my rental assistance.

I have been informed that during the time that my income is zero, I am required to report to the Ocala Housing Authority every month to complete an interim re-certification.

**I certify that I have read or had the form read to me the foregoing statement. I have received a copy of this certification.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_