

SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP) CERTIFICATE OF ZERO INCOME



This form must be completed by each household member age 18 or older who has no income.

					Application ID #			
Program Selection:	Home Repair Program (HRP)		Disaster Recovery 21 (DR21) Pathway:			Reimbursement:	Repairs:	
	Disaster Recovery 2024 (DR24)		Other:					
Applicant Name:			Co-Applicant Name:					
Is this form being completed for a listed household member:			Yes	No	If YES, list HH Name:			
Home Address		City	State		Zip Code			

CERTIFICATION

1. I hereby certify that I do not individually receive any income from any of the following sources of income:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from the operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments (other than Food Stamps);
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employment resources (Avon, Mary Kay, Pampered Chef, UBER, Lyft, Favor, Insta Cart, etc.);
- 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 during the next 12 months.

3. Please explain the source of funds you will use to make the mortgage payments

(To be completed by the Applicant, Co-Applicant, and/or Non-Purchasing Spouse only):

If you are currently unemployed, confirmation of employment status from the Texas Workforce Commission will also be required.

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 representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of assistance.

Applicant
Head of Household - Printed Name

Applicant
Head of Household - Signature

Date

Co-Applicant
Printed Name (If Applicable)

Co-Applicant
Signature (If Applicable)

Date

Household Member
Printed Name

Household Member
Signature

Date