## **ATTACHMENT I-1: CERTIFICATION OF UNEMPLOYMENT / ZERO INCOME**

Household Member Name:	Log #:
Please read carefully and complete all statements that app	ply:
1. I currently have no income of any kind and there financial status or employment status during individually receive income from any of the follows:	the next 12 months. I certify that I do not
benefits; f. Unemployment or disability payments; g. Public assistance payments;	ty; nce policies, retirement funds, pensions, or death support, or gifts received from persons not living
I will be using the following sources of funds to food, clothing, transportation, and other utilities/	
<ul> <li>2. I am currently unemployed but am receiving or eand/or other federal, city or state financial as Security, SSI, pension, etc.) based on employ change expected in my financial status or employ understand that my alternative source of income my application.</li> <li>3. I do not presently receive income from any of the</li> </ul>	ssistance compensation (.e. AFDC, Social ment history kind and there is no imminent loyment status during the next 12 months. It is subject to verification in conjunction with
receiving one or more of these sources of incom	•
I/WE THE UNDERSIGNED, CERTIFY UNDER PENALTY OF PCONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT not withheld, falsified, or otherwise misrepresented any informatinformation I provide during this certification process is subject to Investigation (DOI), a fully empowered law enforcement agency wisponsored programs. I/we understand that the consequences for information in an attempt to qualify for this program may include the termination of my lease (if discovery is made after the fact), and recriminal prosecution.	TO THE BEST OF MY KNOWLEDGE. I/we have tion. I/we fully understand that any and all preview by the New York City Department of hich investigates potential fraud in City-providing false or knowingly incomplete the disqualification of my application, the
Signature	 Date

