



CERTIFICATION OF ZERO INCOME

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING

976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

Promoting the Wise Use of Land • Helping to Build Great Communities

Family Name: _____

Zero Income Applicant Name: _____

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 or 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 during the next 12 months.

3. I will be using the following sources of funds to pay for all my expenses:

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 a lease agreement.

Zero Income Applicant Signature

Printed Name

Date

Form must be notarized

ZERO INCOME HOMEBUYER SIGNATURES

We (I) declare under penalty of perjury that the information on this application is true, correct and complete to the best of our (my) knowledge. In addition, we (I) have read and understand the financial and residency requirements as stated in the County of San Luis Obispo's First Time Homebuyer Program and agree to follow them as stated. We (I) understand that the County of San Luis Obispo monitors the rental property and owner-occupancy status of properties assisted through the First Time Homebuyer Program and we (I) agree to reply promptly to any and all requests for information that we (I) may receive from the County of San Luis Obispo in carrying out its monitoring responsibilities. We (I) understand that any willful misrepresentation of the information contained herein may be cause for denial of the purchase of a home in the First Time Homebuyer Program.

Signature of Applicant(s):

Applicant

Social Security Number

Date

Applicant

Social Security Number

Date

**NOTARY REQUIRED
STATE OF CALIFORNIA
COUNTY OF SAN LUIS OBISPO**