



# HoAP Zero Income Certification & Questionnaire Form

Applicant Name:		Application ID #:	
Co-Applicant Name <i>(If Applicable):</i>		Damaged Property:	
Name of Household Member claiming zero Income:		Relationship to Primary Applicant:	

## SECTION 1: ZERO INCOME QUESTIONNAIRE

1. In the past twelve months, have you received income from any of the listed below sources?  YES  NO

**If YES to above question, please complete the Adjusted Gross Income (AGI) Form D2.**

**If NO, proceed to question 2 below:**

- 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;
- F. Supplemental Security Income payments;
- G. Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
- H. Unemployment or disability payments;
- I. Public assistance payments (other than food stamps);
- J. Gifts received from persons not comprising the household;
- K. Sales from self-employed resources (Avon, Mary Kay, Uber, GrubHub, DoorDash, lawn-care, babysitting, housecleaning, etc.);
- L. Any other source not named above

2. Do you have any cash/savings on hand?  YES  NO

If YES, please provide details including approximate balance.

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3. Do you receive help from parents, children, friends, or any other person for your living expenses and essential needs?  YES  NO

If YES, what kind of help and how often?

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# Homeowner Assistance Program (HoAP) HoAP Zero Income Certification & Questionnaire Form

FORM D3

4. In the past 12 months, how did you, pay for the following:

A. Mortgage?

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\_\_\_\_\_

B. Electricity and other utility bills?

\_\_\_\_\_  
\_\_\_\_\_

C. Telephone/Cell Phone?

\_\_\_\_\_  
\_\_\_\_\_

D. Food?

\_\_\_\_\_  
\_\_\_\_\_

5. If you own a car, how are expenses (gas, oil, insurance, car payments, etc.) paid?

\_\_\_\_\_

6. Do you have any other expenses (medical, credit cards, etc.)?

YES  NO

If YES, how are they paid?

\_\_\_\_\_  
\_\_\_\_\_

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

## SECTION 2: CERTIFICATION SIGNATURE

**Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.**

I currently do not have income of any kind and there is no imminent change expected in my financial or employment status *during the next 12 months.*

Household Member - Printed Name	Household Member - Signature	Date

