

# OREGON EVICTION DIVERSION & PREVENTION PROGRAM

## CERTIFICATION OF NO INCOME



Adult Household Member Name(s) for those with no income:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Within the last 30 days, did you receive income from any of the following sources?

- Wages, salaries, tips, bonus, commissions, etc.
- Severance pay
- Worker's compensation
- Interest/dividends from assets, including bank accounts
- Net income from the operation of a business or profession
- Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, or online sales
- Unemployment benefits
- Social Security or Supplemental Social Security Income (SSI)
- Annuities, pensions, or retirement funds (i.e., IRA, 401K)
- Insurance policies, disability, death benefits, or similar types of periodic receipts
- Alimony or child support
- Regular contributions or gifts received from organizations or other persons not residing in the dwelling (including online donations such as GoFundMe or through a local bank)
- Temporary Assistance for Needy Families (TANF)
- All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm)
- Any other source (if yes, explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Certification of No Income, continued

If you have entered “no” for all of the questions on the previous page, the household members indicated may confirm by signing below that they have no income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through ORE-DAP and other remedies available under applicable law. I also give the OHCS and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other state agencies.

Household Member 1: \_\_\_\_\_

**Sign Here:** \_\_\_\_\_

Household Member 2: \_\_\_\_\_

**Sign Here:** \_\_\_\_\_

Household Member 3: \_\_\_\_\_

**Sign Here:** \_\_\_\_\_

Household Member 4: \_\_\_\_\_

**Sign Here:** \_\_\_\_\_

Household Member 5: \_\_\_\_\_

**Sign Here:** \_\_\_\_\_

Household Member 6: \_\_\_\_\_

**Sign Here:** \_\_\_\_\_

Household Member 7: \_\_\_\_\_

**Sign Here:** \_\_\_\_\_

Household Member 8: \_\_\_\_\_

**Sign Here:** \_\_\_\_\_

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