INCOME STATUS CERTIFICATION

OREGON HOUSING and COMMUNITY SERVICES

Each adult household member with only unearned income or claiming zero income must complete this form

Applicant/Tenant Name: _____ Unit #: _____

Property Name: _____

You have disclosed on the rental application that, *other than income derived from an asset*, you do not have any income. Please complete each part of the following to address how you will pay for rent and other household expenses.

PART I: KNOWN ANTICIPATE INCOME		
I **do not** expect to have any income in the next 12-months	☐ True	☐ False
I am unemployed. My most recent work end date is: I worked at:	☐ True	☐ False
I have been hired for a new job that will start soon *(submit verification)*	☐ True	☐ False
I have been approved for (or awarded) a regular recurring benefit that will start soon *(submit verification)*	☐ True	☐ False

PART II: SOURCES OF INCOME					
I affirm, under penalty of perjury, that I do not receive income from any of the following sources. *If **False** is selected, complete the following and submit verification:*			☐ True	☐ False	
☐ Yes ☐ No	Wages, bonus, commissions, tips, etc.		☐ Yes ☐ No	Self-employment (includes Uber/Lyft, online sales, etc.)	
☐ Yes ☐ No	Unemployment Benefits		☐ Yes ☐ No	Annuities, insurance policies, stocks, etc.	
☐ Yes ☐ No	Worker's Compensation		☐ Yes ☐ No	Pensions, IRA, 401K	
☐ Yes ☐ No	Disability Payments		☐ Yes ☐ No	Income from rental property	
☐ Yes ☐ No	Alimony		☐ Yes ☐ No	Death Benefits	
☐ Yes ☐ No	Child Support		☐ Yes ☐ No	Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.	
☐ Yes ☐ No	Social Security or SSI Benefits		☐ Yes ☐ No	Work for cash (babysitting, lawn care, etc.	
☐ Yes ☐ No	Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank)				

PART III: HOUSEHOLD EXPENSES		
Please explain how you will pay for the following expenses (check *N/AP* for any expense that does not apply to your household)		
Rent	☐ N/AP	
Child Care	☐ N/AP	
Utilities	☐ N/AP	
Food	☐ N/AP	
Clothing/Shoes	☐ N/AP	
School *(supplies, tuition, etc.)*	☐ N/AP	
Phone (including cell phone)	☐ N/AP	
TV	☐ N/AP	
Internet	☐ N/AP	
Medical Care	☐ N/AP	
Medications & Prescription	☐ N/AP	
Personal Care Products *(shampoo, toothpaste, etc.)*	☐ N/AP	
Vehicle Expenses *(car payments, insurance, fuel, etc.)*	☐ N/AP	
Other transportation (bus pass, rideshare fares, parking, etc.)	☐ N/AP	
Payments on credit card balances	☐ N/AP	
Other expenses not listed above	☐ N/AP	

_____ _____ _____

Signature of Applicant/Tenant Printed Name of Applicant/Tenant Date

EQUAL HOUSING OPPORTUNITY

收入状况证明

每个只有非劳动所得或声称零收入的成年家庭成员必须填写此表格

申请人/租户姓名：_____ 单元号：_____

物业名称：_____

您已在租赁申请中披露，*除资产产生的收入外*，您没有任何收入。请填写以下各部分，说明您将如何支付租金和其他家庭开支。

第一部分：已知预期收入		
我预计在未来12个月内**不会**有任何收入	☐ 是	☐ 否
我目前失业。我最近一次工作的结束日期是：　　我曾就职于：	☐ 是	☐ 否
我已获得一份新工作聘用，并将很快开始工作（需提交证明）	☐ 是	☐ 否
我已获批（或获得）一项将很快开始的定期福利（需提交证明）	☐ 是	☐ 否

第二部分：收入来源			
我宣誓，如有伪证愿受处罚，确认我不从以下任何来源获得收入。*如果选择“**否**”，请完成后续说明并提交证明：*		☐ 是	☐ 否
☐ 是 ☐ 否	工资、奖金、佣金、小费等	☐ 是 ☐ 否	自雇收入（包括 Uber/Lyft、在线销售等）
☐ 是 ☐ 否	失业救济金	☐ 是 ☐ 否	年金、保险单、股票等
☐ 是 ☐ 否	工伤赔偿	☐ 是 ☐ 否	养老金、IRA、401K
☐ 是 ☐ 否	残疾抚恤金	☐ 是 ☐ 否	出租物业收入
☐ 是 ☐ 否	赡养费	☐ 是 ☐ 否	死亡抚恤金
☐ 是 ☐ 否	子女抚养费	☐ 是 ☐ 否	直销咨询（如 Mary Kay、Tupperware、Pampered Chef 等）
☐ 是 ☐ 否	社会保障或 SSI 福利金	☐ 是 ☐ 否	现金工作（照看婴儿、草坪护理等）
☐ 是 ☐ 否	来自不与您同住的家人或朋友帮助支付账单或其他费用的款项或定期赠送的金钱（包括在线捐赠，如 GoFundMe 或通过当地银行进行的捐赠）		

第三部分：家庭开支		
请说明您将如何支付以下费用（对于不适用于您家庭的任何费用，请勾选“不适用” *N/AP*）		
租金	☐ N/AP	
育儿费用	☐ N/AP	
水电煤气费	☐ N/AP	
食品	☐ N/AP	
服装/鞋子	☐ N/AP	
学校教育（用品、学费等）	☐ N/AP	
电话（包括手机）	☐ N/AP	
电视	☐ N/AP	
互联网	☐ N/AP	
医疗护理	☐ N/AP	
药物和处方	☐ N/AP	
个人护理用品（洗发水、牙膏等）	☐ N/AP	
车辆费用（车贷、保险、燃油等）	☐ N/AP	
其他交通费用（公交卡、网约车费、停车费等）	☐ N/AP	
信用卡还款	☐ N/AP	
上述未列出的其他费用	☐ N/AP	

申请人/租户签名　　申请人/租户印刷体姓名　　日期

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