CAMBRIDGE HOUSING AUTHORITY

675 Massachusetts Avenue
Cambridge, MA 02139
www.cambridge-housing.org
TDD 800 545 1833 x112

Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org
Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit intènèt CHA: www.cambridge-housing.org.
A versão em Português deste documento está a sua disposição no seu Escritório de Gerencia, no Local Central de Gerencia do CHA, e no Website do CHA: www.cambridge-housing.org

# ZERO INCOME DECLARATION – LEASED HOUSING

Applicant/Participant Name _____ SSN _____

Applicant/Participant Address _____ City, State _____ Zip Code _____

Name of Head of Household _____ Voucher Type _____ Date _____

CHA Staff Name _____ Staff Telephone Number _____

Please indicate the household type: ☐ Family ☐ Elderly ☐ Disabled

**Zero Income Policy**

- Rents based on a claim of zero income are limited to ninety (90) days.
- After ninety (90) days, zero income interim rents expire and rent reverts to the applicable minimum rent. However, if zero income is not declared upon the ninety (90) day review date, rent will automatically revert to the pre-zero recertification amount.
- Households are required to provide sufficient documentation to support zero rent, including completion of a Family Budget Form.
- For MTW participants, utility allowance payments based on zero income will terminate after ninety (90) days.
- Households paying rent based on a claim of zero income must report any new income within thirty (30) days from the day they begin receiving the income.
- CHA periodically reviews the income of households claiming zero income using HUD's Enterprise Income Verification (EIV) system.
- Households requesting extensions for zero rent can apply for a Hardship Waiver.

## TO BE COMPLETED BY EACH HOUSEHOLD MEMBER CLAIMING ZERO INCOME

I, _____, hereby certify that **I am not** currently employed and that I **do not receive any income of any kind** from any source whatsoever. I certify that I have read and that I understand CHA's Zero Income Policy. I certify that that I have been advised by the Cambridge Housing Authority that they may elect to investigate the validity of my applicant for increased subsidy payments. I further certify that the information given to the Cambridge Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the Cambridge Housing Authority. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

This form must be signed in the presence of a CHA staff person.

Signature of Applicant/Participant _____ Date _____

CHA Staff Signature _____ Date _____

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**