

**Warm Springs Housing Authority**  
1238 Veterans Way  
PO Box 1167  
Warm Springs, Oregon 97761  
Office (541)553-3250  
FAX (541)-553-3358  
[info@wsha.us](mailto:info@wsha.us)

**RE: Attestation of Zero Income**

For:

SSN:XXX-XX-

DOB:

I hereby certify that I receive no income at this time from any source, including, but not limited to:

- Wages from employment including commissions and fees.
- Income from operation of a business.
- Rental income from real or personal property.
- Interest or dividends from assets.
- Social Security payments, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
- Unemployment or disability payments.
- Periodic allowances such as alimony, child support, or gifts received from persons not living in the residence.
- Educational grants and/or scholarships or Veterans Administration benefits available for subsistence after deducting expenses for tuition, fees and books.
- Self-employment.

If I begin to receive income, I will report the information to Warm Springs Housing Authority immediately.

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.**

For Office use only: \_\_\_ Initial \_\_\_ Annual \_\_\_ Interim \_\_\_ Occupancy Specialist \_\_\_\_\_

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