

Metropolitan Development and Housing Agency Rental Assistance Department

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Zero Income Certification

Re: Household of:		
Re. Household of.	Head of Household Name	
certification, complet	te the attached questionnaire er. All adult members of the	usehold have reported no income. Please sign this and return in the enclosed envelope within 10 days of a household with no income must sign the form and
MDHA Representativ	ve	Date
source of income, ear to report it to the MD	rned or unearned. I understan HA Rental Assistance Office at I receive may result in my f	hold, I certify that I am not employed and have no d that should my income status change, I am obligated within 15 days. I further understand that failure to amily being charged retroactive rent and/or being
knowledge. I/We und Annotated and Section imprisonment up to fi	derstand that false statements on 1001 of Title 18 of the U.S ive (5) years or both. I/we also	document is true and complete to the best of my or information are punishable under Tennessee Code. Code which provides penalties up to \$10,000 or o understand that false statements or information are my housing assistance being terminated.
• •		ng, knowing it is false, for the purpose of obtaining or rent subsidy shall be guilty of a Felony".
Head of Household		Other Family member 18 years old or older
Date		Date
		Other Family member 18 years old or older
		Date