



Case ID #		Damaged Property Address:	
SECTION 1: ADULT HOUSEHOLD MEMBER INFORMATION			
1a. Household Member Name:			
1b. Relation to Head of Household:		1c. Date of Birth:	
1d. Primary Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	1e. Co-Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: ZERO INCOME CERTIFICATION			
<input type="checkbox"/> By checking this box, I am certifying that I do not currently receive income from any source. I understand that in order to be eligible to receive funding from the OOR Program, I must fill out Section 3 of this form explaining how I meet my daily living expenses. *Applicants and Co-applicants must submit 3 months of my most recent bank statements.			
SECTION 3: Zero Income Narrative (required)			
Provide a narrative on how you will be able to pay for living expenses:			
SECTION 4: CERTIFICATION SIGNATURE			
By executing this document I acknowledge, and understand that Title 18 U.S.C. Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (b) makes any materially false, fictitious, or fraudulent statement or representation; or (c) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, to any branch of the United States Government, and; (2) requires a fine, imprisonment for not more than five years, or both, for any violation of such Section.			
APPLICANT: I certify that the information presented on this form is true and complete to the best of my/our knowledge and belief. I agree to provide income source verification to HCD. I understand that this certification is part of the application process and does not guarantee eligibility for the Owner-Occupied Rehabilitation and Reconstruction Program. I understand that if I do not receive and accept my Grant Award Acknowledgment within 12 months of the income eligibility verification date, my household income will need to be reverified by the Program.			
Household Member Name	Household Member Signature	Date	

