



Michelle Lujan Grisham  
Governor



NM Emergency Rental Assistance Program  
www.RentHelpNM.org



Deborah K. Romero  
Cabinet Secretary

State of New Mexico – Emergency Rental Assistance Program  
Self-Certification of Zero Income

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I hereby certify that the following is true and correct:

1. I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Interest or dividends from assets;
  - d. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - e. Unemployment or disability payments;
  - f. Public assistance payments;
  - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - h. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - i. Any other source not named above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 60 days.
  
3. I will be using the following sources of funds to pay for other necessities:

\_\_\_\_\_

I understand and agree that by providing this certification, my household income must be reassessed in three months to confirm my eligibility for rental assistance.

I certify that my household has not received, and does not anticipate receiving, any source of income as described above. Any knowing or intentional misstatement in this certification may subject me to criminal or civil liability.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Print name of Applicant/Tenant

\_\_\_\_\_  
Date