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