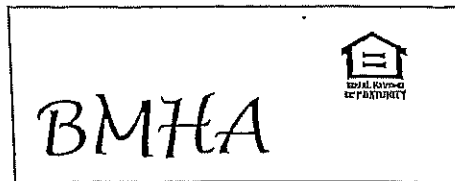


BUTLER METROPOLITAN HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM
4110 HAMILTON MIDDLETOWN ROAD
HAMILTON, OH 45011
FAX (513) 737-8522 PHONE (513) 868-9661



NOTARIZED NO INCOME STATEMENT

Name _____ Address _____

City _____ State _____ Zip _____

I (we) certify that I (we) do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc)
- Income from operation of a business
- Rental income from real or personal property
- Interest of dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment of disability payments
- Public Assistance payments
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc)
- Any other source not named above

I (we) currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

I (we) will be using the following sources of funds to pay for rent and other necessities

Under penalty of perjury, I (we) certify that the information presented in the certification is true and accurate to the best of my (our) knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of Section 8 assistance.

Signature of applicant/participant

Print Name

Date

Signature of other household member (if applicable)

Print Name

Date

***** This statement must be signed before a Notary Public. Form will not be accepted without the Notary Seal*****

Signed and sworn in my presence this _____ day of _____, 20____. My notary expires _____.

Signature of Notary Public _____