

Instructions to Administrator:

This Minnesota Housing Impact Fund form is to be used for household members who receive or earn no income and whose income would otherwise have been required to be included when calculating annualized gross income according to the Impact Fund Procedural Manual (as used in this statement, "Household Members").

Instructions to the person completing this form:

Please review the statement below and, if the statement is accurate, sign and date the form.

I hereby certify that I do not receive income from any of the following sources:

- Wages from employment (including seasonal and part-time, commissions, tips, bonuses, fees, sick pay, etc.),
- Income from business activities or investments (including self-employment and contract work);
- Net rental income from roommates, real estate or personal property;
- Interest, dividends or capital gains from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, death benefits, income received from trusts or estates, Veterans Administration (VA) compensation, worker's compensation, or royalties;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such as child support or spousal support;
- Unearned income received on behalf of a dependent;
- Any other source not named above.

Name of Household Member

Signature

Date