



D·B·H·D·D

GEORGIA HOUSING VOUCHER PROGRAM (GHVP)

GHVP-23: Certification of Zero Family Income

I, _____ certify that neither I nor any member of my household receives income from **ANY SOURCE** currently.

I understand that it is solely my responsibility to report **any** change in the source or amount of household income to my assigned case manager **in writing** within **10 business days** of the effective date of the change.

Sources of income can include wages, unemployment insurance, worker's compensation, child support, pensions, government benefits (e.g., Social Security, SSI, VA, TANF) and continuous contributions from family, friends or other sources.

I agree to provide documentation **every 180 days** to my assigned case manager that all normal household expenses such as food, utility bills, telephone, cable, car payment, car/life/medical insurance, clothing and the like are being paid. I also agree to provide documentation to DBHDD showing where the money comes from to pay these expenses.

I understand that failure to report income changes or to otherwise withhold information or provide required documentation that all household expenses are being paid to my assigned case worker every **180 days** is grounds for denial or termination of rental assistance.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the U.S. Government.

How will the individual be assisted with achieving income via employment or benefits to support household expenses?

Participant Signature

Date

Case Manager Signature

Date

Participant Name (Print): _____

Effective Date: 9/15/2022