

# UNEMPLOYED APPLICANT/ZERO INCOME CERTIFICATION

RETURN TO:

Port Terrace Apartments  
1587 W. Port View Drive.  
Port Washington, WI 53074  
TEL.#: 262-284-4477  
FAX.#: 262-284-4476

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_

DEVELOPMENT NAME: Port Terrace Apartments

APPLICANT/RESIDENT: \_\_\_\_\_

Are you currently employed?  Yes  No  
Do you have any income?  Yes  No  
Do you have any employment opportunities available to you at this time?  Yes  No  
Have you applied for unemployment compensation?  Yes  No  
Are you collecting unemployment compensation?  Yes  No  
Are you actively looking for employment?  Yes  No  
Do you anticipate any income in the next 12 months.  Yes  No (FORM 29)  
What source of funds will you be using to make rental payments? \_\_\_\_\_

**Previous Employment** (complete below information if employed in the last 3 years) (FORM 20)

Previous Employer: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour/day/week/month/year) Hours Worked Per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do you intend to find similar work with similar or better pay?  Yes  No (FORM 29)

Please provide a signed copy of last year's federal income tax return.

I understand that income information on this form may be taken into consideration in determining eligibility for housing under Section 42 of the Internal Revenue Code.


I certify that the information contained on this form is true and accurate to the best of my knowledge. I understand that any false statements made by me on this form may be cause for denial of housing or termination of the lease agreement in addition to other legal consequences.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant/Resident

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant/Resident

**FORM # 28**

OFFICE USE ONLY:

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