



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla, WA 99362
509-527-4542 * Fax 509-527-4574
Hearing-impaired, please use relay service
www.wallawallaha.org * wwha@wallawallaha.org



VERIFICATION OF NO INCOME

I, _____, do hereby certify that I am not presently receiving any type of income.

Income is defined as:

1. Gross amount of wages, salaries, overtime pay, commissions, fees, tips and/or bonuses.
2. Net income from operation of business profession or from rental or real personal property.
3. Interest, dividends, and net family assets in excess of \$5,000.
4. Full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and/or other similar types of periodic receipts, including lump sum payment for the delayed start of a periodic payment.
5. Payments in lieu of earnings, such as unemployment and disability compensation, workmen's compensation, and severance pay.
6. Public assistance.
7. Alimony and/or child support payments.
8. Regular pay, special pay, and allowance of a member of the Armed Forces (whether or not living in the dwelling), head of household or spouse.
9. Education scholarships and/or veterans educational benefits which exceed the cost of tuition, fees, books, and expenses.

Signature

Date

TO BE COMPLETED BY A NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME THIS

day of _____

Notary Public Signature _____

Residing in Walla Walla; My commission expires _____

[SEAL]