

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

Certification of No Income Tax for Members of Household

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I certify that I did not file a Federal or State Income Tax Return for the calendar year 20_____.

Name of the Household Member

Signature of the Household Member

Date of Signature

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.