

AFFIDAVIT OF INCOME AND EXPENSES

(03/19)

TO BE COMPLETED EVERY 90 DAYS BY EACH ADULT HOUSEHOLD MEMBER (IF APPLICABLE)

Tenant Name	Property Name	Unit Number
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List all amounts you receive or expect to receive during the next 12 months (subject to verification).

Wages from Employment (including commissions, tips, bonuses, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Operation of a Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Tribal Member Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Interest or Dividends from Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security, SSI, Dual Benefits, Railroad Retirement or VA Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities, Insurance Policies, Retirement Funds, Pension or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment, Workers Compensation, or Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Public Assistance Payments (TANF) or Tribal General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support, Alimony or Gifts from persons not living in my household	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self Employed Resources (Daycare, Avon, Mary Kay, Shaklee, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Payments for Blood/Plasma Donation or Clinical Research Studies (Attach a print out from https://www.mycardonline.net to be used as 3rd Party Verification of income.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mineral Lease or Royalty Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Any other source not named above	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

List your monthly expenses for items listed below (subject to verification)

Vehicle Maintenance (gasoline, oil change, upkeep, etc.) \$	Car Payment \$	
Insurance \$	Annual License Fee \$	
Cable, digital, satellite or any other paid TV service \$	Cell and/or home telephone \$	Internet Service \$
Cigarettes/tobacco products/alcohol \$	Entertainment \$	
Household supplies, laundry, personal hygiene, clothing and other necessities \$		
Rent \$	Utilities \$	Renter Insurance \$
Child Support payments or Alimony Payments \$	Credit Card and/or Loan Payments \$	
Medical Insurance \$	Medical Payments \$	Prescriptions \$
Other (not listed above)		

MOST RECENT EMPLOYMENT INFORMATION

Employer Name	Telephone Number		Termination Date
Address	City	State	ZIP Code

I will be using the following source(s) of funds to meet my monthly obligations

*If using personal savings; accounts or cash on hand should reflect a balance large enough to pay monthly expenses for the 90 day certification period.

In accordance with my lease, I agree to advise the landlord immediately if:

- Any adult member of the household who was reported as unemployed obtains employment.
- The household's income cumulatively increases by \$200 or more a month.

If I fail to advise the landlord of these changes, the landlord may increase my rent to the HUD-approved market rent.

PENALTIES FOR COMMITTING FRAUD

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If this zero income certification contains false, misleading or incomplete information you may be subject to the following penalties:

- Eviction
- Repayment of all overpaid rental assistance you received.
- Fine of up to \$10,000.
- Imprisonment for up to five years.
- Prohibition from receiving future assistance.
- State and local governments may have other laws and penalties as well

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of the lease agreement.

Applicant/Tenant Signature	Printed Name	Date
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