NON-EMPLOYMENT AFFIDAVIT

(02/19)

Our apartment community provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their employment status and future intentions for purposes of determining income eligibility.

Who should complete this form: If you are age 18 or older or an emancipated minor and you are not employed, this form must be completed. Note that intentionally supplying false information is punishable under the Statute of Frauds.

The US Government requires the following: All questions must be answered Yes, No or N/A. If a question does not apply, put N/A. If uncertain, provide best available information. Use of "White Out" and pencil is prohibited. If information must be changed, strike through initial change. The signature of person completing this form and the date signed is required.

A separate form must be completed by each non-employed adult member of the household.

Applicant Name		SSN ¹
Address		Phone
City	State	ZIP Code

Choose the appropriate statement below:

☐ I am currently unemployed and I do not intend on becoming employed in the next 12 months due to	 (Please check one) I am currently receiving unemployment benefits. I am not currently receiving but do anticipate receiving unemployment benefits. I am not currently receiving and do not anticipate receiving unemployment benefits. 		
I am not currently employed but I anticipate becoming employed in the next 12 months	I have accepted a position with Employer and will begin on date.		
Other (explain)			

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances.

Applicant Signature		Date
STATE OF NORTH DAKOTA COUNTY OF)) SS)	
Subscribed and sworn to before me this	day of	, 20
(Seal) Notary Public		
(Seal)	My Commission Expires:	

¹ In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.