



SECTION 8 DEPARTMENT

AFFIDAVIT OF NON-EMPLOYMENT/NO INCOME

I, _____ hereby certify that I do not individually receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.);
2. Military Pay or Benefits
3. Disability or Death Benefits
4. Business Net Income, or Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
5. Rental income from real or personal property;
6. Property Income, Interest Dividends
7. Alimony, Child Support, Cash Contributions and Gifts received from persons not living in my household;
8. Unemployment Compensation Benefits
9. Social Security payments (Including Survival Benefit and/ or SSI for minor children)
10. Annuities, insurance policies, retirement funds, pensions, or death benefits;
11. City or State Welfare Assistance
12. Any other source not named above.

5. How do you provide food and groceries for your household? _____

6. How do you obtain money for living expenses? (Bus fare, soap, deodorant, laundry, etc.)

7. Do you have a checking or savings account? Yes No
(Includes C.D.'s, Trust Funds, Insurance Policies, etc.) _____

8. Do you own a motor vehicle?
(If yes, explain below how you pay for gas and upkeep of your vehicle.) _____

9. Have you received any lump sum payments?
(Includes lottery winnings, worker's compensation, Social Security, etc.) _____

10. Does anyone not on your lease give you cash or non-cash
contributions or assist you paying for groceries, utilities,
clothing, etc.) _____

If you answered yes to questions #7-10, please Explain: _____

I understand that any change in my employment status or income status, must be reported to Charter Oak Communities within 10 days of the change. I also understand that it is my responsibility to follow through and schedule an appointment with the Section 8 Department to report my income change and update my documents.

Date

Signature of Family Member

Date

Signature of Family Member

WARNING: Section 1001 of Title of the U.S. Code makes it a criminal offense to willfully make false statements of misrepresentation to any department or agency of The United States as to any matter within its jurisdiction.

NOTARY PUBLIC

Subscribed and sworn before me this _____ day of _____, 2_____

Notary Public

My Commission Expires