



**APARTMENT MANAGEMENT DIVISION**

272 Main Street, P.O. Box 156

Vergennes, VT 05491

[www.addisonhousingworks.org](http://www.addisonhousingworks.org)

P: (802) 877-2626 | F: (802)877-2627 | TTY : 711

**Please read below before completing the attached Recertification Questionnaire:**

- Does anyone in your household receive wages from employment?**

**IF YES:**

Submit at least 4 MOST RECENT consecutive paystubs for each employed person.

- Does anyone in your household receive wages from self-employment?**

**IF YES:**

Complete enclosed Self-Employment Self Affidavit (more copies available from our office)

- Does anyone in your household receive benefits from the Social Security Administration (SS, SSI, SSDI)?**

**IF YES:**

Submit the most recent declarations of benefit letter for each person.

- Does anyone in your household have any Bank Accounts, CD's, Money Market Accounts?**

**IF YES:**

Submit a recent balance statement for each account.

- Does anyone in your household have a whole life insurance policy?**

**IF YES:**

Submit a recent balance statement for each account.

**All tenants are required to complete the student status affidavit, no exceptions.**

## Housing Credit Program Recertification Questionnaire

### Household Information

List all household members that are currently living in your household.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Age	Birth Date <i>Month, Date, Year</i>

**Current Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

YES      NO

- 1. Do you expect any additions to the household within the next twelve months?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- 2. Is there anyone living with you now who will be moving out in the next 12 months?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- 3. Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child{ren} will be living in unit.)*  
 Explanation: \_\_\_\_\_
- 4. Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*  
 Explanation: \_\_\_\_\_
- 5. Have you added or anticipate adding any pets to your household?**

# Income Information

Earned income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.**  
**Do YOU or ANYONE in your household receive OR expect to receive income from:**

**YES**      **NO**  
        
 (If yes, use EMC #01)

5. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (If yes, use EMC #02)

6. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (If yes, use, EMC #03)

7. **Regular pay as a member of the Armed Forces/Military?**

<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #04)

8. **Unemployment benefits or workman's compensation?**

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (If yes, use EMC #05)

9. **Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?**

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (If yes, use EMC #06)      (If no, use EMC #19)

10. (a) **Child Support or Alimony?**  
*(We must count court-ordered support whether or not it is received unless all reasonable legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)*

<u>Household Member</u>	<u>Payer</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) **How is the support received?** *(Check all that apply)*

- Child Support Enforcement Agency**      *Name of Agency:* \_\_\_\_\_
- Court of Law**      *Name of Court:* \_\_\_\_\_
- Directly from Individual**      *Name of Person:* \_\_\_\_\_
- Other**      *Explain:* \_\_\_\_\_

       
 (If yes, obtain proof of legal action.)

(c) **If support/alimony is court-ordered but not received, are you taking legal action to remedy?**

Explanation: \_\_\_\_\_

       
 (If yes, use EMC #07)

11. **Regular benefits from the Social Security Administration including Social Security, SSI or SSI-D?**

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES      NO

    

(If yes, use EMC #55)

12. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

    

(If yes, use EMC #08)

13. Regular payments from a severance package?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

    

(If yes, EMC #08)

14. Regular payments from any type of settlement? (For example, insurance settlements.)

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

    

(If yes, use EMC #08)

15. Regular gifts or payments from anyone outside of the household?

*(This includes anyone outside the household supplementing your income or paying any of your bills.)*

Household Member

Source of Money

Amount

\_\_\_\_\_  
\_\_\_\_\_

    

(If yes, use EMC #08)

16. Regular payments from lottery winnings or inheritances?

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

    

(If yes, use EMC #08)

17. Regular payments from rental property or other types of real estate transactions?

Household Member

Source of Money

Amount

\_\_\_\_\_  
\_\_\_\_\_

    

(If yes, use EMC #08)

18. Any other income sources or types not listed?

Household Member

Source of Money

Amount

\_\_\_\_\_  
\_\_\_\_\_

    

(If yes, use EMC #54)

*Unsure of what households must count financial aid? Refer to applicable student eligibility worksheet (EMC 58-60) for guidance.*

19. Student financial aid assistance from any government, public or private sources?

*(We must count student financial aid, excluding loans, on certain households receiving Section 8 assistance.)*

Household Member

Source of Money

Amount

\_\_\_\_\_  
\_\_\_\_\_

    

(If yes, use appropriate verification)

20. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: \_\_\_\_\_

## Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

<p><u>YES</u>      <u>NO</u>  <input type="checkbox"/>      <input type="checkbox"/>                  (if yes, use EMC #09)</p>	<p>20. Checking or savings account?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<p><input type="checkbox"/>      <input type="checkbox"/>                  (if yes, use EMC #09)</p>	<p>21. CDs, money market accounts or treasury bills?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<p><input type="checkbox"/>      <input type="checkbox"/>                  (if yes, use EMC #10)</p>	<p>22. Stocks, bonds or securities</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Company or Broker</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<p><input type="checkbox"/>      <input type="checkbox"/>                  (EMC #09)</p>	<p>23. Trust funds?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<p><input type="checkbox"/>      <input type="checkbox"/>                  (If yes, use EMC #55 for Pensions, VA Benefits or other retirement benefits. Use EMC #56 for IRAs, 401(k), 403(b), or other retirement savings.)</p>	<p>24. Pensions, IRAs, Keogh or other retirement accounts?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<p><input type="checkbox"/>      <input type="checkbox"/>                  (If yes, use EMC #57)</p>	<p>25. Whole life insurance policy?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Insurance Carrier</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<p><input type="checkbox"/>      <input type="checkbox"/>                  (If yes, use EMC #10)</p>	<p>27. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?  <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i></p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Address of Property</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<p><input type="checkbox"/>      <input type="checkbox"/>                  (If yes, use EMC #10)</p>	<p>28. Personal property held as an investment?  <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i></p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Item</u></td> <td style="width: 33%;"><u>Value</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Item</u>	<u>Value</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<p><input type="checkbox"/>      <input type="checkbox"/>                  (If yes, use EMC #13)</p>	<p>29. A safe deposit box?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Value of Items</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Value of Items</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<p><input type="checkbox"/>      <input type="checkbox"/>                  (If yes, use EMC #11)</p>	<p>30. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?</p>	<p>Household Member: _____ Amount: _____</p> <p>Explanation: _____</p>									

## Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

**YES**

**NO**

(If yes, use EMC #20)

31. Are you or any other ADULT household members claiming zero income?

Household Member: \_\_\_\_\_  
Explanation: \_\_\_\_\_

(If yes, use both  
EMC #12 & #18)

*Unsure how to combine the  
different student rules on Tax  
Credit properties coupled  
with HUD and/or RD? Refer  
EMC 60 for guidance.*

32. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If yes, use both  
EMC #15 & #21)

33. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

(If yes, verify through  
applicable agency)

34. Is your household currently receiving Section 8 rental assistance?

Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

(If yes, verify through  
applicable agency)

34. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Name of Agency: \_\_\_\_\_  
Expected Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

## Signature Clause

I understand that management is relying on this information to prove my household's continuing eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements is breach of my existing lease and grounds for eviction. I also understand that such action may result in criminal penalties. I authorize my consent to have management verify the information contained in this questionnaire for purposes of proving my continuing eligibility for occupancy in my Housing Credit apartment. I will provide all necessary information including source names, addresses, phone numbers, account numbers, etc. where applicable and any other information required for expediting this process.

**All ADULT household members must sign below:**

Signature	Date
Signature	Date
Signature	Date

## For Office Use Only

Date of Interview: \_\_\_\_\_ Recertification Due Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

## Medical / Child Care Expense Information

The medical expense deduction is permitted only for families in which the head, spouse, or co-head is at least 62 years old or is a person with disabilities (elderly or disabled families).

**Include all expenses anticipated for the next 12 months.**

YES      NO  
 \_\_\_\_\_    \_\_\_\_\_

5a. Are there any child care expenses paid in order for you to work or go to school?

<u>Household Member</u>	<u>Amount</u>

\_\_\_\_\_  \_\_\_\_\_

5b. Does anyone in the unit benefit from Handicap Assistance?

<u>Household Member</u>	<u>Amount</u>

\_\_\_\_\_  \_\_\_\_\_

5c. **MEDICAL EXPENSES:** Are there any out-of-pocket medical expenses?

<u>Household Member</u>	<u>Amount</u>

\_\_\_\_\_  \_\_\_\_\_

5d. Are there any foster children who are part of the household?

Household Member

\_\_\_\_\_

If you answered Yes to any of  
 the above questions please give  
 details here:

\_\_\_\_\_

**ALL TENANTS MUST COMPLETE THIS FORM IN ITS ENTIRETY.  
N/A WILL NOT BE ACCEPTED.**

**STUDENT STATUS AFFIDAVIT**

**(LIHTC or Tax Exempt Bond Compliance Period)**

Applicant/Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Completed For: (check one)

Move-in; effective date: \_\_\_\_\_

Annual recertification; effective date: \_\_\_\_\_

**PART 1:**

**Will ALL the people in your household be or have been full-time students during five calendar months of the certification year?       YES     NO**

**If you answered NO to Part 1, please sign and date below.**

**Part 2:**

- A student and receiving AFDC/TANF?  Yes     No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?  Yes     No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state or local program?  Yes     No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent?  Yes     No
- Married and file a joint return  Yes     No
- Has the person attended school full-time during any part of 5 months of this calendar year?  Yes     No
- Months/year attended full time \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_









Apartment Management Division  
 272 Main Street - PO BOX 156 - Vergennes, VT 05491  
 P: 802-877-2626 | F: 802-877-2627 | TTY: 711  
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### Ethnicity Detail Form

In order to be in compliance with data collection requirements for our Community Development Block Grant program, we have been asked by the Vermont Community Development Program to collect more detailed information regarding the race and ethnicity of our tenants and applicants.

We are requesting that all head-of-household tenants complete the race and ethnicity categories listed below, and return it along with their recertification information; if you have any questions regarding this request, please feel free to contact us at 802-877-2626.

Thank you for your understanding and cooperation, and apologize for any inconveniences.

Addison Housing Works  
 Property Management Staff

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

<b>Please check all of the following that apply to you:</b>											
<b>Other Categories</b>				<b>Racial Categories</b>							
<input type="checkbox"/> Over the Age of 62				<input type="checkbox"/> White					<input type="checkbox"/> American Indian/Alaskan Native & Black African American		
<input type="checkbox"/> Handicapped/Disabled				<input type="checkbox"/> Black/African American					<input type="checkbox"/> American Indian/Alaskan Native & White		
<input type="checkbox"/> Female Head of Household				<input type="checkbox"/> Asian					<input type="checkbox"/> Asian and White		
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander					<input type="checkbox"/> Black African American and White		
				<input type="checkbox"/> American Indian/Alaskan Native					<input type="checkbox"/> Other Multi-Racial		
<b>Ethnicity Category: (must be answered in addition to racial identification)</b>											
<input type="checkbox"/> Hispanic or Latino	(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race)										
<input type="checkbox"/> Not Hispanic or Latino											



## Self-Employment Self Affidavit

Head of Household's Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Initial Certification**                      **Date of Expected Move-In:** \_\_\_\_\_
- Recertification** (*Annual or Interim*)      **Effective Date:** \_\_\_\_\_

You have applied to live in an apartment or you currently live in an apartment that is governed by the federal government's Housing Credit Program. This Program requires us to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The information provided will remain confidential and used to satisfy the stated purpose only.

### COMPLETE THIS FORM IN ITS ENTIRETY.

Business income counted towards income eligibility for the Housing Credit Program is net income from the operation of a business or profession, including cash withdrawals from the business. Do NOT deduct depreciation, payments made to expand the business or principal payments on debt.

- |   |   |
|---|---|
| <b>1. Name of Business:</b> _____   | <b>Business Address:</b> _____  |
| <b>2. Type of Business:</b> _____   | <b>City, State, Zip:</b> _____  |
| <b>3. Position Held:</b> _____  | <b>Start Date:</b> _____  |
| <b>4. Anticipated Income:</b> _____<br><small>(Next 12 months)</small>      | <b>Frequency:</b> _____<br><small>(Annually, Monthly, Weekly, etc.)</small> |
| <b>5. Last Years Income:</b> _____<br><small>(Past 12 months)</small>       | <b>Frequency:</b> _____<br><small>(Annually, Monthly, Weekly, etc.)</small> |
| <b>6. Additional Compensation:</b> _____<br><small>(Next 12 months)</small> | <b>Frequency:</b> _____<br><small>(Annually, Monthly, Weekly, etc.)</small> |
| <b>7. Have operations been continuous?</b>                                  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>      |

**Attach a SIGNED copy of your Federal Income Tax Return including Profit/Loss Statement for each year you have been in business.**

**If this is a new business, you will need to provide an anticipated Profit/Loss Statement completed by an accountant or attorney.**

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties. I also understand the information provided will remain confidential and used to satisfy the stated purpose only.

**Signature of Applicant/Resident:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Notary Public:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State Commission Issued:** \_\_\_\_\_ **Commission Expiration Date:** \_\_\_\_\_

**Office Use Only:**

**Date Received:** \_\_\_\_\_ **Calculations** \_\_\_\_\_

# Zero Income Self-Affidavit

Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Initial Certification**     *Move-In*     *Adjusted (adding new household member)*    **Effective Date:** \_\_\_\_\_  
 **Recertification**     *Annual*     *Interim*     *Unit Transfer*     *Other*    **Effective Date:** \_\_\_\_\_

You have applied to live in an apartment that is governed by the federal government's Housing Credit Program. This Program requires Addison Housing Works to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

I, \_\_\_\_\_, certify that:

I have no income from any sources including my assets. I am not currently working, receiving grants of any kind or have any other sources of income. I plan to pay the following expenses as stated below:

Expense Type	Source of Funds
<b>Food</b>	_____
<b>Rent</b>	_____
<b>Utilities</b> <small>(electric, gas, water, etc.)</small>	_____
<b>Phone/Cell Phone</b>	_____
<b>Cable/Satellite TV</b>	_____
<b>Medical</b>	_____
<b>Transportation</b> <small>(car maintenance, gas &amp; insurance and/or, public transportation)</small>	_____
<b>Cleaning Supplies</b>	_____
<b>Debts</b> <small>(credit cards &amp; loans)</small>	_____
<b>Other Living Expenses</b>	_____

Yes     No    I am currently looking for employment but have not secured a job at this time.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

State Commission Issued: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_\_

<b>Office Use Only:</b>	
Date Received: _____	Notes: _____