

**Unemployed Applicant / No income Affidavit**

**Applicant/Resident Name:** \_\_\_\_\_ **Property:** Port Terrace Apartments **Apt#:** \_\_\_\_\_

**Initial Certification** **Date of Expected Move-In:** \_\_\_\_\_

**Recertification (Annual or Interim)** **Effective Date:** \_\_\_\_\_

I, \_\_\_\_\_, as of \_\_\_\_\_, do hereby state:  
(date)

Check (a) or (b) as applicable:

(a)

- I am not presently employed in any capacity.
- I do not anticipate becoming employed within the next twelve months.
- I am not under any affirmative obligation to obtain employment.
- I do not receive unemployment compensation or other benefits as a result of my non-employment status.

(b)

- I am not presently employed in any capacity.
- I do intend to become employed in the next 12 months.
- Based upon my educational background, prior employment experience and career training, I anticipate earning \$ \_\_\_\_\_ over the next 12 months. I anticipate starting employment as a \_\_\_\_\_ on \_\_\_\_\_ earning \_\_\_\_\_ dollars per hour working \_\_\_\_\_ hours per week.

In support of this estimate, I have submitted:

- Previous year's tax return
- Previous job and salary history
- Other supporting documentation (describe) \_\_\_\_\_

Check (c) or (d) as applicable:

(c)  I have other income. (please specify) \_\_\_\_\_

(d)  I have NO other income.

**"Income" includes, but is not limited to:**

Employment	Retirement Funds	Severance Pay	Disability
Self Employment	Pensions	Workers Comp.	Family Support
Social Security	AFDC	General Assistance	Child Support/Alimony
Annuities	SSI	Union Benefits	Unemployment Comp.

I understand that should I become gainfully employed or begin receiving income from any source, I must report the information to the Manager immediately.

I understand that income information on this form may be taken into consideration in determining eligibility for housing under Section 42 of the Internal Revenue Code.

I certify that the information contained on this form is true and accurate to the best of my knowledge. I understand that any false statements made by me on this form may be cause for denial of housing or termination of the lease agreement in addition to other legal consequences.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date