



ZERO INCOME AFFIDAVIT

I, _____ declare under penalty of perjury that I do not have any income.

INCOME includes but is not restricted to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts
- Lump sum payment(s) for the delayed start of a periodic payment
- Payments in lieu of earnings, such as unemployment and disability compensation, worker’s compensation (L & I) and severance pay
- Public assistance (DSHS/Welfare)
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from friends and/or family

I understand that I must report to Seattle Housing Authority any change which affects my income and/or assets. **I must report the change to Seattle Housing Authority IN WRITING WITHIN TEN BUSINESS DAYS OF THE CHANGE.**

I understand that false statements or false information are grounds for termination of my Section 8 participation. I further understand that false statements or false information are fraud and punishable under Federal Law. My failure to report as required may result in either back charges to the date the income changed or termination of my Section 8 participation. My signature below certifies that I have read, understood, and agree to comply with the above statements.

Family Member With Zero Income

Date

Head of Household

Date

Head of Household Social Security #: _____

cc: Section 8 Participant (either in person, or through the mail with the SHA-581)