



ZERO INCOME AFFIDAVIT

I, _____ declare under penalty of perjury that the following household members do not have any income.

List all adult household members (age 18 and older) who do not have any income:

_____ Household Member

_____ Household Member

_____ Household Member

_____ Household Member

INCOME includes but is not restricted to:

- Gross wages, salaries, overtime pay, commissions, fees, tips, and bonuses
- Public assistance (DSHS/Welfare)
- 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
- Unemployment and disability compensation, worker’s compensation (L&I) and severance pay
- 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
- 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 all changes in household composition and income within 10 days of the change, regardless of the amount, to my building manager so the change may be reported to Seattle Housing Authority.

I understand that false statements or false information are grounds for termination of my 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 program participation. My signature below certifies that I have read, understood, and agree to comply with the above statements.

_____ Signature - Head of Household

_____ Date