

TIF Mixed-Income Housing

AFFIDAVIT OF NO INCOME FORM (if applicable)

Case No./Name: _____ Year: _____

If the Applicant states that he/she has no income on the Income Certification, the Applicant must also sign the following statement:

I, the Applicant, certify that all adult members of my household over age 18 (including myself) are currently not receiving any income, and are not entitled to receive any income, from any source.

List Names of Adult Household Members with \$0 Income

1. _____
2. _____
3. _____
4. _____
5. _____

I certify that all adult members of my household over age 18 (including myself) have **NO INCOME** from:

- Wages, salaries, overtime pay, commissions, fees, tips, or bonuses
- Net income from the operation of a business or from rental or real/personal property
- Interest, dividends, or other income from any kinds of real/personal property
- Social Security benefits, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or other similar receipts
- Unemployment or disability compensation, workers' compensation, or severance pay
- Public assistance (other than Food Stamps)
- Alimony or child support payments (whether through the court system or not)
- Regular pay, special pay or allowance for members of the Armed Forces (whether or not living in the dwelling) (but not hostile fire pay)
- Regular monetary gifts from family and/or friends

I further certify that no adult member of my household over age 18 (including myself):

- File an income tax return last year. If an income tax return was filed last year, a copy must be provided to the caseworker.
- Is expected to receive any income during the next 12 months.

I have stated during this verification process that I have no income at this time.

I have not received income since _____ (date)

I do not expect to receive income until _____ (date)

I applied for _____ (asst) on _____ (date).

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program and may be grounds for termination of assistance.

WARNING: I understand that state law requires that all information provided herein must be true and accurate and that providing false information or false records for purposes of obtaining a public benefit is a criminal offense under Texas Penal Code, Section 37.10 and will subject me to liability. In addition, I understand that providing false documents may result in compulsory action, including but not limited to repayment, prosecution, or other enforcement as required by program policy or applicable law or regulation. In the event the City or any regulatory or law enforcement entity deems it necessary to investigate the accuracy of any information I have provided herein, I agree to cooperate fully with such investigation and to promptly furnish any requested information.

SIGNATURE OF APPLICANT

DATE