

RALEIGH HOUSING AUTHORITY
AFFIDAVIT OF NO INCOME

Applicant / Tenant Name: _____

Address: _____

PLEASE READ CAREFULLY!!!!

This affidavit is to be signed by any member of the household who is 18 years of age or older declaring that he/she has no income. Understanding by completing this form, you are stating that you currently have no income. In addition, until you gain employment you must report by the 5th of each month to the Raleigh Housing Authority by completing a zero income form. According to 24 CFR 960.259 & 982.551 the family **must** supply any information that the PHA or HUD determines is necessary in the administration of the program. The family **must** supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements. _____ ***Initialing here means you have read and understand this statement.***

Once you find gainful employment you must report to Raleigh Housing Authority by completing a change of status form within 30 days, and **must** attach (4) current check stubs. If at that time you do not have 4 check stubs, you must request from the receptionist at Leased Housing or your Housing Specialist an Employment Verification form. **Your Human Resources or Payroll Department must complete this form.** I also understand that Raleigh Housing Authority no longer obtains third party verifications on my behalf. _____ ***Initialing here means you have read and understand this statement.***

- (A). I _____ certify by my signature below that I currently have no income of any kind. I do also understand that I must report to the Raleigh Housing Authority by the 5th of each month to complete a zero income form. Furthermore, I understand if I do not comply with the completion of the zero income form agreement on any given month the family will be terminated from the Housing Choice Voucher Program.
- (B). I _____ certify by my signature below that I have tried on several occasions to obtain information verifying that I am no longer employed at _____ . Understanding by completing this section of the form, states I no longer have income. I do also understand that I must report to the Raleigh Housing Authority by the 5th of each month to complete a zero income form. Furthermore, I understand if I do not comply with the completion of the zero income form agreement on any given month the family will be terminated from the Housing Choice Voucher Program.

WARNING: Section **1001** of the **Title 18** of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

Signature of Applicant/Tenant

Date

Witness Signature (Staff Member)

Date