Housing Authority of the City of Raleigh, North Carolina

Leased Housing

Priscilla B. Batts
Director of
Leased Housing

900 Haynes Street
Raleigh, NC 27604

Applications
(919) 831-6387

Section 8 HAPP
(919) 831-6620

AFFIDAVIT OF NO EMPLOYMENT

Applicant/Tenant Name: _____ SS# (Last 4 Digits :) _____

Applicant/Tenant Address: _____

PLEASE READ CAREFULLY!

Please remember to attach the Zero Income form to this sheet

This affidavit is to be signed by any member of the household who is 18 years of age or older declaring that he/she is/has been unable to retain proof from the employer that they are no longer working at the company.

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 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 may be terminated from the Housing Choice Voucher Program.

Once you find gainful employment you must report to the Raleigh Housing Authority by completing a change of status form within 30 days, and **must** attach (3) current check stubs. If at that time you do not have (3) check stubs, you must request an Employment Verification Form from the Leased Housing Front Desk to be completed by the **Human Resource Department or the Payroll Department.**

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

Privacy Act Notice: The collection, maintenance, use, and dissemination of SSNs, EINs, any information derived from SSNs and Employer Identification Number (EINs), and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State, and Local Law.

I/We understand by signing this document, I/We have read this document in its entirety.

_____ _____
Household Members Signature Date

_____ _____
Applicant/Head of Household Signature Date