



FORT PAYNE HOUSING AUTHORITY

203 13th Street N.W.

Fort Payne, Alabama 35967

Phone: 256-845-0424 Fax: 256-845-7825

ZERO INCOME AFFIDAVIT

I do hereby certify and affirm that I do not have any earned wages and/or any other source of income at the present time. This includes but is not limited to income from any of the following:

- Wages, salaries, tips or commissions, overtime, bonuses, or other compensation from personal services from an employer (Full time or part time)
- Military pay
- Odd jobs
- Operation of a business (Self-employment)
- Sales from self-employed resources (Avon, Mary Kay, Ebay, etc...)
- Social Security Income
- Public assistance payments (TANF)
- Retirement funds or pensions
- Unemployment compensation
- Child support payments
- Alimony payments
- Disability benefits
- Death benefits
- Insurance policies
- Annuities or other investments
- Interest, dividends, or rental income from real or personal property and/or
- Contributions or gifts from anyone outside of the home for bills or living expenses.
- Any other source not named above.

By signing this, I understand that I am required to notify the Housing Authority of any changes in my income within (10) ten calendar days of such change. I also give FPFA permission to obtain a copy of any tax returns submitted to the Internal Revenue Service.

Print Name

Signature

Last four of Social Security Number

Date

***Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.**