NON-EMPLOYED APPLICANT'S AFFIDAVIT

A separate form must be completed by each non-employed adult member of the household

Applicant Name:		Date:		
Telephone #:		Unit:		
Check (A), (B) or (C) as applicable.			
(A)	I am not presently employed employed within the next 12	in any capacity and do not antici months.	pate becoming	
(B)		 I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, however, I do not yet have a job offer. 		
(C)	employed within the next 12 r	ly employed in any capacity, but a months, and I have accepted a po which will begin on _	osition with	
	(Employer)		(Date)	
	I will be earning \$	per		
Jnemployment Ben		tation (describe)		
	itly receiving unemployment benef currently receiving and do not ant		benefits.	
	currently receiving but do anticipa			
(Provide	supporting documentation if receiving	unemployment benefits)		
	his affidavit is made as part of the presentation herein will be conside on.			
Under penalty of p	perjury, I certify the above represer	ntations to be true as of the date s	shown below.	
Applica	nt/Resident Signature	D	ate	
				
Owner/Manag	ger Representative Signature	D	ate	

