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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 for personal services from an employer (Full time or part time)
- Military pay
- Odd jobs
- Operation of a business (Self-employment)
- Social Security income
- Welfare 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 other income from real or personal property and/or
- Contributions or gifts from anyone outside of the home for bills or living expenses.

By signing this, I understand that I am required to notify the housing authority of any changes in my income within ten (10) business days of such change. I also give HCHA 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

Statement of Sole Support

I hereby certify and affirm that I provide support for the above household member 18 years or older who does not have any source of income at the present time.

Print Name

Signature

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.