UNEMPLOYED APPLICANT'S AFFIDAVIT

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

Applicant Name:		Date:		
elephone #:	Unit:			
Check (A), (B)	or (C) as applicable.			
(A)	 (A) • I am not presently employed in any capacity and do not anticipate becoming employed within the next 12 months. 			
(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 mg	n not presently employed in any capacity, but anticipate becoming the next 12 months, and I have accepted a position with which will begin on		
			(Date)	
	I will be earning \$	per		
	[] Fully Completed Verification [] Other supporting documents			
Unemployment Ben	efits (Check only one)			
[] I am NOT o	ntly receiving unemployment benefit currently receiving and do not anti- currently receiving but do anticipate supporting documentation if receiving u	cipate receiving unemployme e receiving unemployment be		
	this affidavit is made as part of the oppresentation herein will be consider ion.			
Under penalty of	perjury, I certify the above represen	tations to be true as of the da	te shown below.	
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Applic	ant/Resident Signature		Date	
. 4-5110	2 5	6:		
Owner/Mana	ger Representative Signature	-	Date	

