

**ZERO INCOME HOUSEHOLD AFFIDAVIT**

**Section 8**

Date: \_\_\_\_\_

**TENANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

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**Please indicate below whether or not you receive income from listed items, the source from which income is received, and the monthly amount:**

<b>ITEM:</b>	<b>YES/NO:</b>	<b>SOURCE:</b>	<b>MONTHLY AMOUNT:</b>
Employment			
Donations (monetary or otherwise)			
SSI/SSA			
Child support			
Self-employment			
TANF			
Pension			
Babysitting services			
Hairdressing services			
Odd jobs (such as yard work, handyman, car repairs, etc.)			
Other income (please specify)			

**Please indicate the estimated costs for the following items, and by whom they are paid:**

<b>ITEM</b>	<b>MONTHLY COST</b>	<b>PAID BY:</b>	<b>N/A</b>
RENT			
LIGHTS			
GAS			
WATER			
HOUSE PHONE			
CELL PHONE			
CABLE			
INTERNET			
FOOD			
CLOTHING & SHOES			
TRANSPORTATION			
DR. APPOINTMENTS			
MEDICATIONS			
PAPER PRODUCTS & CLEANING SUPPLIES SUCH AS BATHROOM TISSUE, LAUNDRY DETERGENT, ETC.			
GROOMING PRODUCTS SUCH AS SHAMPOO, DEODORANT, BEAUTICIAN AND/OR BARBER SERVICES			

**QUESTIONS CONTINUED ON REVERSE SIDE . . .**

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:**

1. Do you have a car?  Yes or  No If so, who pays your car payment, if any? \_\_\_\_\_
2. If you have a car, how are you able to pay for gas and any necessary repairs such as oil changes, new tires, etc.? \_\_\_\_\_  
\_\_\_\_\_
3. How are you able to pay for car insurance? \_\_\_\_\_
4. If you don't have a car, what is your method of transportation? \_\_\_\_\_
5. If you take public transportation, how are you able to pay for the fare? \_\_\_\_\_
6. Do you smoke cigarettes and/or drink alcohol?  Yes or  No If yes, how are you able to purchase these items? \_\_\_\_\_

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I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding my receipt of subsidized housing assistance. I understand that providing false or misleading information may subject me to criminal penalties. I fully understand the information requested and the consequences of breaching this agreement.

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**Tenant Signature**

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**Date**

Sworn to me and Subscribed Before Me This ____ Day of _____, 20____. _____ <i>Notary Signature &amp; Seal</i> My Commission Expires: _____
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**MHA STAFF:** I have reviewed this document and have notified the client of any additional verification that is required as a result of completing this form. Caseworker's Initials: \_\_\_\_\_

<p style="text-align: center;"><b>WARNING!</b></p> <p>Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States or the Department of Housing and Urban Development.</p> <p style="text-align: center;"><b>NOTICE:</b></p> <p>Any attempt to obtain public housing, any rent subsidy, or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under Georgia Code Section 16-9-55.</p>
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