

Denton Housing Authority

Zero Income Affidavits

THIS FORM MUST BE NOTARIZED

Date: _____

Name of Head of Household: _____

Address: _____

Re: _____ (household member with no income)

Telephone number: _____

I do hereby certify that at the present time, **I have NO income**. I am aware that if my income changes, it must be reported to the office within 10 days after the change. I certify the information provided below is true and correct to be best of my knowledge. I understand if false information has been given, I may be terminated and/or prosecuted by the judicial system for "theft by deception".

You must answer ALL questions:

● Do you pay a portion of your rent? _____, if YES how much? _____. How are you paying the rent?

● Do you receive a utility reimbursement from the Housing Authority? _____. If YES how do you pay the balance on the utility bill? _____

If NO, how is your utility bill paid for? _____

● Do you own a car? _____ If YES, how are expenses met? The car payment? _____

_____, the car insurance? _____

How do you pay for gas? _____

If NO, how do you and your family get around? _____

Do you have cable/satellite TV? _____ If YES, How much is your monthly cable/satellite bill? _____

How is it paid for? _____

● How much is your monthly phone/cell phone bill? _____. How is it being paid for? _____

● Do you rent any furniture or appliances? _____ If YES from where? _____

How much is the weekly/monthly rental? _____. How is it being paid for? _____

Continued on next page

Section 8
940/383-1504

Pecan Place
940/484-9535

Heritage Oaks
940/383-1506

1225 Wilson St. * Denton, Texas 76205 * 940/383-3039 * Fax 940/383-2035
E-mail: s8@dentonhousingauthority.com



● How are personal and household supplies purchased? _____

● Do you receive Food Stamps? _____ If **NO** how is food provided for you and your family? _____

● Do you receive Medicaid/Medicare? _____ If **NO**, how do you meet your family's medical needs? _____

● How much contribution do you receive from family and/or friends each month? \$ _____

● Do you have any type of bank accounts? _____ If **YES**, where _____

Type of account(s): _____

What is your current balance(s)? _____

● Are you enrolled full time or part time in an institution of higher learning (school)? _____ If **YES** how is tuition/books being paid for? _____

● What is the last month and year you had income: _____ What was the source of the income: _____

● Are you currently seeking employment? _____, if **NO** explain why? _____

If **YES**, where have you been looking and for how long? _____

If you answered **NO** to all of the above questions, how are you living and maintaining on a daily basis? _____

THIS FORM MUST BE SIGNED BY ALL ADULT HOUSEHOLD MEMBERS

Signature of Head of Household _____ Date Signed _____

Signature of Additional Adult _____ Date Signed _____

Signature of Additional Adult _____ Date Signed _____

Please notify us in writing, if you need to request a reasonable accommodation due to a disability.