

Denton Housing Authority

Zero Income Affidavit

THIS FORM MUST BE NOTARIZED



Date: _____

(Head of Household)

(Street Address)

(City, ST ZIP)

Re: _____ (Household member with no income) SSN: _____

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? _____

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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 _____

THIS FORM MUST BE NOTARIZED

State of Texas

County of _____

Before me, a notary, on this day personally appeared _____, known to me the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

Notary Public's Signature

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