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| ***Yellow text on a black background  Description automatically generated with medium confidence*** |  |

I hereby do affirm and certify that I do not earn wages or have any different income source currently. These other sources include and are yet not restricted to earning from any of the sources listed below:

 · Military pay

· Bonuses, overtime, commissions, tips, salaries, or wages for any kind of personal services part-time or full time from an employer

· Self-employment or operating a business

· Odd jobs

· Pensions or retirement funds

· Social Security income

· TANF or welfare assistance payments

· Unemployment compensation

· Alimony payments

· Child support payments

· Death benefits

· Disability benefits

· Annuities

· Insurance policies

· Dividends, interest, or other earnings from personal or real property

· Gifts or contributions from anyone who does not live at my home for living expenses or bills

I should intimate the housing authority of any alterations in my income status within 10 (ten) working days of such alteration by signing this document. I also permit HCHA to procure a copy of any tax returns filed to the IRS.

 **<Printed Name> <Signature>**

**<Last four digits of Social Security Number> <Date>**