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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>**

