

Zero Income Self-Affidavit

NAHASDA Client Name: _____ Date: _____

Community: _____

For Income Year: _____

You have applied for NAHASDA work to be done on your home. The NAHASDA Program requires us to certify all of your income, asset and eligibility information as part of determining your eligibility. The NAHASDA Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to approving you eligibility for the NAHASDA Program.

I, _____, certify that:

YES NO

- I have no income from any sources including my assets. I am not currently working, receiving grants of any kind or have any other sources of income. I plan to pay the following expenses as stated below:

Expense Type:	Source of Funds
Food:	_____
Shelter/Rent:	_____
Medical:	_____
Other Living Expenses:	_____

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information may be subject to criminal penalties.

Signature of Applicant/Resident: _____ Date: _____

Signature of Notary Public: _____ Date: _____

State Commission Issued: _____ Commission Expiration Date: _____

Office Use Only:	
Date Received: _____	Notes: _____