

## Non-working Self-Affidavit

Head of Household's Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Initial Certification**                      **Date of Expected Move-In:** \_\_\_\_\_
- Recertification** (*Annual or Interim*)                      **Effective Date:** \_\_\_\_\_

Return to: THRHA Specialist :                      **Robert Cesar**

You currently live in a housing unit that is governed by the federal government regulations. This Program requires us to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

I, \_\_\_\_\_, **Certify that:**

**I am**                      **I am working. I failed to put this on my application or I Just started working and this is my**  
**Employers Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **and Address:**  
\_\_\_\_\_

**I am Not**                      **I am not currently working. I am not a part-time, seasonal, on call, or Self-employed worker. I plan to pay**  
**the following expenses as stated below:**

Expense Type:	Source of Funds
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Food:	_____
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Shelter/Rent:	_____
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Medical:	_____
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Other Living Expenses:	_____
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**Yes**                       **I am currently looking for employment but have not secured a job at this time. I will contact THRHA as soon as I**  
**secure employment.**

**No**                       **I am not currently looking for work. I am disabled and unable to work. I choose to stay home with my children.**  
**Other reasons I will not be working in the future are** \_\_\_\_\_.

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 is a breach of my lease and 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: \_\_\_\_\_