|  |  |  |
| --- | --- | --- |
| **tenant/applicant:** |  | **date:** |
| **property name:** |  |  |
|  |  |  |

**please select one of the following boxes:**

1. I **HAVE BEEN OFFERED/PROMISED** a job to start within the next twelve (12) months.

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | Job Type | Hourly Wage | Hours per week |
|  |  |  |  |

2. **I am not presently employed in any capacity.** I am not under any affirmative obligation to obtain

employment and do not anticipate becoming employed within the next twelve months.

I **DO** receive benefits from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [If other benefits are received (ex: Social Security), obtain verification of amounts and include with third-party verified income of other household members to ensure that the household is income qualified.]

3. **I am not currently employed in any capacity nor receiving income from any source, however…..**

I **DO** intend to become employed within the next twelve (12) months, but not currently employed.

4. **I am not currently employed in any capacity nor receiving income from any source, and…**

I **DO NOT** intend to become employed within the next twelve (12) months. I do not receive unemployment compensation or other benefits as a result of my non-employed status, nor am I under any obligation to obtain employment.

5. I **DO NOT** intend to become employed within the next twelve (12) months because I am

currently under doctor’s care and unable to obtain employment.

If you have checked 4 or 5, please state how you intend to meet daily expenses without any anticipated income source:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the Lease and will subject me to immediate eviction.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Applicant /Resident Signature)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Date)**

**“This institution is an equal opportunity provider and employer”**