

Agency Name
Address
Phone Number, Fax Number

Continuum of Care (CoC) Program

NON-INCOME AFFIDAVIT
(Part A)

I, _____, do hereby swear and affirm that I do NOT have any income. This includes but is not limited to income from any of the following:

1. Wages, Public Assistance (TANF, etc.), Social Security, SSI, etc.;
2. Child Support, Alimony, or regular monetary gifts from family or friends, etc.;
3. Assest (homes, stocks, etc.; inherited property);
4. Interest Income from Savings, Checking, Christmas Club and other bank accounts, IRA's Certificates of Deposit, Money Market Funds, Credit Unions, etc.;
5. U.S. Savings Bonds, Stocks or Bonds of any kind;
6. Pensions, Annuities, Retirement Funds etc.; (this includes benefits you may receive from being a beneficiary of a life insurance or retirement plan);
7. Whole Life Insurance;
8. Real Estate Property, etc.;
9. Burial Plots; and/or;
10. Any other income (includes tips, property sold, baby-sitting, etc.)

Note: Adult members in household (18 years and older) **must sign** this form. By signing this form, I also give my permission for _____ (Sponsor Agency) to obtain a certified copy of any tax returns submitted to the U.S. Internal Revenue Service.

***Pursuant to 28 U.S.C. Section 1746, I hereby certify under penalty or perjury that he foregoing is true and correct:**

Printed Name: _____

Signature: _____

Date: _____

***Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Sponsor Agency Staff / Date