

**Agency Name\***  
**Address**  
**Phone Number, Fax Number**

**NON-INCOME AFFIDAVIT**  
**STATEMENT OF SOLE SUPPORT**  
(Part B)

List the name of the household member who is 18 years or older and **does not** have a source of income:

Name of Household Member	Social Security #	Age
_____	_____	_____

I HEREBY STATE THAT I PROVIDE SUPPORT FOR THE ABOVE HOUSEHOLD MEMBER 18 YEARS OR OLDER WHO DOES NOT HAVE A SOURCE OF INCOME TO THE EXTENT THAT I PAY THEIR PART OF THE RENT, FOOD AND OTHER NECESSITIES TO SURVIVE FROM MY INCOME.

Note: Adult person signing, "Non- Income Affidavit, Part A," cannot sign this form.

**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)

\_\_\_\_\_  
Agency Staff / Date

**\*Replace with Agency Information prior to execution**