



Rapid Re-Housing – Affidavit for adult with no income

Adult Participant Name: _____ **Service Point Id#:** _____

HOH Name (if different): _____ **HOH Service Point Id#:** _____

I certify that in the last 30 days I did not receive income from any of the following sources:

- 1) Wages or salary from employment, including self-employment (including commissions, fees, tips and bonuses, and other compensation for personal services);
- 2) Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, the Armed Forces, and other similar types of periodic receipts;
- 3) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
- 4) Welfare or other payments based on need that are made under a program funded, separately or jointly, by Federal, State or local governments (e.g, TANF, Social Security Income (SSI) and General Assistance);
- 5) Periodic and determinable allowances, such as alimony and child support payments, and *regular* contributions or gifts received from persons not residing in the dwelling;
- 6) Interest, dividends, and other net income of any kind from real and personal property;
- 7) Any other not specifically HUD excluded source not mentioned above.

Certification

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Providing false representations constitutes an act of fraud.

Participant Signature

Date

Head of Household (if other than client)

Date

ABODE Staff Person Name

Date

ABODE Staff Person Signature

Title