

SELF-AFFIDAVIT

(Do Not have any assets)

Applicant/Resident Name

o Initial Certification	Date of Expected Mo	ve-In:
O Recertification (Annual or Interin	n) Effective Date:	
Program requires us to certify all o household's eligibility. Program requires	f your income, asset and el irements state we must verify ine this prior to granting your	leral government's Housing Credit Program. This igibility information as part of determining your each income and asset source as well as other eligibility and, if such eligibility is granted, each
□ I,		, certify that:
No members of my household	d have any of the followin	g or any other assets not listed:
- Cash on hand	Stocks / Bonds	Trust Fund
Checking Account	■ IRA's	■ Treasury Bills
Savings Account	Keoghs	Money Market Account
Whole Life Insurance Policy	 Securities 	Certificate of Deposit (CD)
☐ A member of my household h	nas one or more of the ab	ove-listed assets: (explain)
Type:	Type:	Type:
Institution:	Institution:	Institution:
Address:	Address:	Address:
		AND CORRECT. I understand that y lease and may be subject to criminal
Signature of Applicant/Resident _		Date
Signature of Notary Public		Date
tate Commission Issued Commission Expiration Date		





<u>WARNING</u>: Section 1001 of Title 18 of the U.S. Code (18 USC 1001) makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. The criminal penalty

under 18 USC 1001 is up to a \$10,000 fine, 5 years imprisonment, or both.