



AFFIDAVIT OF ZERO INCOME

*Hocking
Metropolitan
Housing Authority*

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Logan, Ohio 43138

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I, _____ SWEAR THAT AS OF THIS DATE,
_____, I HAVE NO SOURCE OF INCOME.

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments; (TANF)
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
- Any other source not named above.

You reported **zero income** for your family. Please explain how you pay for the following household expenses. Enter the monthly amount your family spends on each expense. If an expense does not apply to your family, enter "N/A" in that field and "0.00" in the amount field. If someone outside your family pays for the expense, enter their legal full name.

Rent: _____ \$: _____

Utilities: _____ \$: _____

Food: _____ \$: _____

Clothing: _____ \$: _____

Childcare: _____ \$: _____

Cell phone/telephone/internet: _____ \$: _____

Medical Care: _____ \$: _____

Transportation Needs: _____ \$: _____

I ACKNOWLEDGE, BY SIGNING THIS FORM, THAT IF I FALSIFY INFORMATION REQUIRED BY HOCKING METROPOLITAN HOUSING AUTHORITY, I CAN BE PROSECUTED FOR FRAUD AND WILL BE TERMINATED FROM THE VOUCHER PROGRAM

SIGNED: _____

SSN: _____



If you are a person with disabilities and require accommodations to access or fully utilize the programs, you may make your request in writing or by contacting our staff at any HMHA location.