

SAGINAW HOUSING COMMISSION

1803 Norman Street P.O. Box 3225 Saginaw, MI 48605-3225
Phone: 989-755-8183 FAX: 989-754-3139 TYY: 989-755-1880

Name: _____

Address: _____ Unit #: _____

NON-INCOME AFFIDAVIT

TO BE COMPLETED BY APPLICANT/PARTICIPANT

You are either an applicant for, or participant in, a federally funded housing assistance program. Please provide the information requested and return to our office personally or via mail as quickly as possible to avoid delay of your benefits in the Public Housing program.

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

1. Wages, Public Assistance (TANF, GR, etc.), Social Security, SSI, etc.;
2. Child Support, Alimony, or regular monetary gifts from family or friends, etc.;
3. Assets (homes, stocks, etc.; may be 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. Saving 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, Earned Income Tax Credit, etc.,
9. Burial Plots; and/or
10. **ANY OTHER INCOME** (includes tips, property sold, babysitting, etc.).

DATE: _____ SIGNATURE: _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.



"Equal Housing Opportunity"

