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ZERO INCOME AFFIDAVIT

Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Voucher #: \_\_\_\_\_

I, (print name) \_\_\_\_\_ do hereby swear and affirm that I do NOT have or receive any income. This includes but is not limited to the following:

- 1. Wages, salaries, pay for work, commissions, fees, tips, bonuses or any other compensation for services;
2. Income from the operation of a business or profession;
3. Benefit payments such as social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of benefits;
4. Payments received in the place of salary or wages; such as unemployment, worker's compensation and severance pay;
5. IDPA/IDHS welfare cash assistance including payments suspended because of fraud or failure to comply with economic self-sufficiency or work activities requirement;
6. Alimony or child support;
7. Regular contributions or gifts received from someone not part of the household;
8. Regular pay, special pay and allowances of member of the Armed Forces (whether or not living in the dwelling);
9. Universal or whole life insurance or other assets that have been disposed of in the last two years for less than fair market value.

Penalties for Misusing This Consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or representative of the U.S. Government.

By signing below, I authorize the release of information to verify the above affirmation and declare that I have zero income. I acknowledge that CHA will check EIV data every six months and, if appropriate, conduct an interim re-examination and that I must report all changes in annual income within 30 calendar days of the change.

Signature Social Security Number Date

Are you the Head of Household? [ ] Yes [ ] No

If not, please indicate your relationship to the Head of Household: \_\_\_\_\_