



TACOMA HOUSING AUTHORITY

ZERO INCOME AFFIDAVIT

THA Form RA 030T

Client No. «ClientApplicationNum»

I, _____, declare under penalty of perjury that I do not have any
(Print Full Name)

income. Income is defined as follows:

- Gross amount of wages, salaries, overtime pay, commissions, fees, tips and bonuses, including work through temporary services.
- Net income from operation of business, profession or from rental or real personal property.
- Interest, dividends and other net income of any kind for real and personal property.
- Payments from social security, veterans' administration, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic payments, including a lump sum payment for delayed start of a periodic payment.
- Payments other than earnings, such as unemployment and disability compensation, workmen's compensation and severance pay; public assistance.
- Alimony and child support payments, or TANF.
- Regular pay, family support, special pay and allowances of a member of the Armed Forces (whether or not living in the dwelling), head of family, spouse and/or anyone over 18 years of age.
- Gifts from family members, friends, associates, church.

Initials

I understand that I must IMMEDIATELY REPORT to Tacoma Housing Authority any change in my status, which will affect my income and assets. I understand that not supplying true and complete information is grounds for termination of housing assistance and termination of tenancy. I further understand that false statements or information is fraud and punishable under Federal Law.

Initials

My failure to report income changes as required may result in retroactive rent owed and termination of housing assistance. My signature below certifies that I have read and understand the above statement and I agree to comply with this obligation.

Family Member with Zero Income

Date

Head of Household

Date