

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

TO BE COMPLETED BY AN ADULT (18 OR OLDER) WHO CURRENTLY HAS NO INCOME

HEAD OF HOUSEHOLD: _____ DATE: _____
HOUSEHOLD NAME: _____

1. I HEREBY CERTIFY THAT I DO NOT INDIVIDUALLY RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

- WAGES FROM EMPLOYMENT (INCLUDING COMMISSIONS, TIPS, BONUSSES, 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, DEATH BENEFITS
- UNEMPLOYMENT OR DISABILITY PAYMENTS
- PUBLIC ASSISTANCE PAYMENTS
- PERIODIC ALLOWANCES SUCH AS ALIMONY, CHILD SUPPORT, OR GIFTS RECEIVED FROM PERSONS NOT LIVING IN MY HOUSEHOLD
- SALES FROM SELF-EMPLOYMENT RESOURCES (AVON, MARY KAY, ETC.)
- ANY OTHER SOURCES NOT NAMED ABOVE

2. I CURRENTLY HAVE NO INCOME OF ANY KIND AND THERE IS NO IMMINENT CHANGE EXPECTED IN MY FINANCIAL STATUS OR EMPLOYMENT STATUS DURING THE NEXT 12 MONTHS.

3. I WILL BE USING THE FOLLOWING SOURCES OF FUNDS TO PAY FOR RENT AND OTHER NECESSITIES: _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED IN THIS CERTIFICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION MAY RESULT IN THE TERMINATION OF A LEASE AGREEMENT.

4. NAME OF APPLICANT: _____ DATE: _____

5. SIGNATURE OF APPLICANT _____

6. SIGNATURE OF NOTARY: _____

7. STATE COMMISSIONS ISSUED: _____

8. COMMISSION EXPIRATION DATE: _____

