NON-EMPLOYMENT CERTIFICATION

1. Ple	ease che	ck the statement below that applies to your employment situation:
a.		I am currently receiving unemployment benefits. (3 rd party verification is required)
b.	. 🗆	I am not now employed in any capacity. (I am not under any affirmative obligation to obtain employment. I do not receive unemployment compensation or other benefits as a result of my non-employed status.)
C.		I do intend to become employed in the next 12 months; however, place of employment and wage is unknown at this time. (I have not at this time been offered a position of employment.)
d.	. 🗆	I am not now employed BUT do intend to become employed in the next 12 months. I have been hired or am in the process of being hired and expect to begin employment.
		Name of anticipated employer:
		Expected start date (mm/dd/yyyy):
		Expected earnings over the next 12 months:
2. Ple	ease che	ck all that apply. I receive (anticipate receiving) income from the sources listed below
a.		Social Security, public assistance, unemployment, or any other agency (list name):
b.	. 🗆	Self-employment including but not limited to income from sale of Tupperware, Mary Kay, Avon, Shaklee, Amway, Discovery, or any other self-employment venture
c.		Child Support, Spousal Support, or regular reoccurring gifts from any person or agency
d.	. 🗆	Other sources of income, please list:
e.	. 🗆	I <u>Do Not</u> receive income from any source. My expenses are paid by:
I agr	ee to im	mediately notify management when and if the above income information changes.
as of t regardi Code. penaltie materia	this date. ng alloca I unders es. I fully	es of perjury, I hereby certify that the information provided above is accurate and complete I consent to release such information in order to comply with government regulations tion of affordable housing under the LIHTC program - Section 42 of the Internal Revenue tand that providing false or misleading information under oath may subject me to criminally understand the information requested and that any misrepresentation will be considered a of the lease agreement and subject me to penalties including but not limited to immediate ase.
Signatu	ire of App	olicant/Resident Date
Printed	Name of	Applicant/Resident

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

Compliance Management Services 2014