

SEASONAL EMPLOYMENT CERTIFICATION

Please check the statement below that applies to your seasonal employment situation:

1. I am receiving or entitled to receive unemployment benefits in my off-season.
2. I am currently employed in a seasonal capacity (less than 50 weeks per year) AND have no intention of seeking or becoming employed during my current employment's off-season. (*I do not receive unemployment compensation or other benefits as a result of my non-employed status during my off-season.*)
3. I am currently employed in a seasonal capacity (less than 50 weeks per year) BUT do intend to become employed during my current employment's off-season.

Name of employer during my off season: _____

Expected begin and end dates of employment: _____

Expected earnings during the off-season: _____

I agree to immediately notify management when and if the above income information changes.

Please check all that apply. I receive or anticipate receiving income from the sources listed below.

- a. My Current Seasonal Employer: _____
- b. Social Security, public assistance, unemployment, or any other agency
- c. Self-employment including but not limited to income from sale of Tupperware, Mary Kay, Avon, Shaklee, Amway, Discovery, or any other self-employment venture
- d. Child Support, Spousal Support, or regular reoccurring gifts from any person or agency
- e. Other sources of income, please list: _____

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

Signature of Applicant/Resident

Date

Printed Name of Applicant/Resident

