



1900 SE. 4th St., Gainesville, FL 32641
 Telephone (352) 872-5500 ~ Fax (352) 872-5501
www.gainesvillehousingauthority.org

EXECUTIVE DIRECTOR
 PAMELA E. DAVIS

FAMILY CERTIFICATION OF ZERO INCOME

I have reported to the Gainesville Housing Authority that the below listed person(s) in my household composition **does not** receive any income from any source, including, but not limited to the following:

- Earnings from Employment**
- Unemployment Benefits**
- Worker's Compensation**
- AFDC/TANF/Welfare**
- Social Security**
- SSI/SSD**
- Child Support**
- Alimony**
- Income from any Business, including a Child Care Business**
- Recurring Gifts of Money for Goods or Services**
- Income from Assets**
- Income from Performing Services (yard work, hairstyling, nails, donating blood and/or plasma)**

I understand that if anyone in my household composition receives income in any form, I must report the change(s) in income in writing within 10 business days. I understand that if I fail to report income, I will be in violation of my agreement with the Gainesville Housing Authority under the Housing Choice Voucher. I understand that my Section 8 Assistance can be terminated if I fail to report the correct income for my household.

Note: Florida Law Chapter 409.325 F. S. makes it a crime to knowingly give false information to get into housing, to get lower rent, or to receive aid or benefits under any state or federally funded assistance program.

 Head of Household (print)

 Name of Adult member (print)

 Signature of Head of Household and date

 Signature of Adult member and date

 Name of Adult member (print)

 Name of Adult member (print)

 Signature of Adult member and date

 Signature of Adult member and date

This statement must be notarized and returned to the Gainesville Housing Authority before Certification/Recertification can be completed.

STATE OF FLORIDA, COUNTY OF _____

Under penalties of perjury I declare that the above information is true and correct to the best of my knowledge and belief. The foregoing instrument was acknowledged before me on this ____ day of _____, 20____ by

_____ who is personally known to me or who has produced
 (Names of Affiants)

_____ as identification and who did / did not **(circle one)** take an oath.

 Notary Public Signature

 Notary Seal

