



Chandler · Arizona

# NOTARIZED AFFIRMATION OF ZERO INCOME

I, \_\_\_\_\_, affirm that I have no income at this time.  
When my income commences, I will immediately notify the City of Chandler Housing Division.

The following documentation must be included with this statement: (Please initial after each item)

- Budgeting Worksheet *Initial* \_\_\_\_\_
- Income Questionnaire \_\_\_\_\_
- Most recent Checking/Savings Account Statement(s) \_\_\_\_\_

The information I have provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT, AS TO ANY MATTER WITHIN ITS JURISDICTION; MISREPRESENTATION OF ANY INFORMATION IS GROUNDS FOR INELIGIBILITY/TERMINATION OF HOUSING ASSISTANCE.**

STATE OF ARIZONA

COUNTY OF MARICOPA

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

*Revised 9/2017*

# BUDGETING WORKSHEET

INCOME	EXPENSES
Adjusted monthly income from wages: \$ _____	Estimated monthly rent: \$ _____
Additional income from SS, SSI, AFDC, Pensions, etc: \$ _____	Estimated monthly utilities: Electric: \$ _____ Gas: \$ _____ Water/Trash: \$ _____
Additional income from the following:  Family members /friends \$ _____ Part-time employment \$ _____ Occasional employment \$ _____	Additional Expenses to be considered: Car payments: \$ _____ Car insurance: \$ _____ Health insurance: \$ _____ Property insurance: \$ _____ Medical Bills: \$ _____ Food expenses: \$ _____ Educational expenses: \$ _____ Telephone/cell phone: \$ _____ TV Cable: \$ _____ Childcare expenses: \$ _____
Other:	Other:
Other:	Other:
<b>TOTAL INCOME</b> \$ _____	<b>TOTAL EXPENSES</b> \$ _____

**TOTAL INCOME:** \$ \_\_\_\_\_

**LESS TOTAL EXPENSES:** \$ \_\_\_\_\_

**BALANCE:** \$ \_\_\_\_\_

Based on this estimate, do you feel you will be able to afford to maintain the property, other miscellaneous costs and expenses that are not estimated above? Yes  No

\_\_\_\_\_  
Signature (Name)

\_\_\_\_\_  
Date



# INCOME QUESTIONNAIRE

**Chandler • Arizona**

Please answer each question and return to your housing specialist by the due date listed in the cover letter. Incomplete Income Questionnaires will not be accepted. The following information needs to be accurate and complete. Providing false information or statements is punishable under Federal Law and is grounds for termination of housing assistance.

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. If you were employed during the past 12 months, provide the following information: (Attach an additional page if necessary)

- a. Employer: \_\_\_\_\_ Salary: \_\_\_\_\_
- b. Period of time employed: \_\_\_\_\_
- c. Reason for leaving: \_\_\_\_\_

2. Did you file federal/state income tax returns for the previous year?  Yes  No

If no, explain why: \_\_\_\_\_  
 \_\_\_\_\_

3. Do you receive money/support from family members or friends?

Yes  No If yes, list below:

Who	Relationship	Amount Received	How Often?
1.			
2.			
3.			

4. Do any family members or friends staying with you who are not currently on the lease?

Yes  No If yes, list below:

Name	Age	Relationship	Length of Stay
1.			
2.			
3.			

4. Do you have any of the following assets?

ASSET	YES	NO	AMOUNT OR VALUE
Checking / Savings Account: <i>The most recent account statement must be included.</i>			\$
Certificate of Deposit:			\$
Stocks / Bonds:			\$
Property:			\$
Other:			\$

5. Please indicate if you have received any of the following benefits in the last year or if you have applied for any of these benefits, including the status of the application.

Benefit	Received these in last 12 months?		If yes, time period benefits received:		Reason no longer receiving benefits:	Have you applied for any of the following?		Date Applied	Were you approved?		Date Approved
	Yes	No	Start Date	End Date:		Yes	No		Yes	No	
Foodstamps											
TANF											
General Assistance											
Social Security											
Supplemental Security Income											
Unemployment Compensation											
Workman's Compensation											
Alimony/ Spousal Maintenance											
Child Support											
Education Grants											
Education Scholarships											
Other Public Assistance											
Military Pension											
Other:											

6. Please indicate the amount of your monthly expenses and how you paid for them.

EXPENSE	AMOUNT PER MONTH	HOW DID YOU PAY FOR IT?
Groceries	\$	
Non-food/Household items: (Laundry, soap, toilet paper, etc.)	\$	
Diapers	\$	
Rent	\$	
Electric Bill	\$	
Gas Bill	\$	
Water/Trash and Sewer Bill	\$	
Phone Bill : Cell or Home	\$	
Transportation: Car, Gas, Insurance, Registration, Repairs and maintenance	\$	
Transportation: Bus fare	\$	
Installment Loans	\$	
Clothing	\$	
TV Service: Cable or Satellite	\$	
Medical Care	\$	

7. Are you currently looking for a job?  Yes  No If no, explain why not:

\_\_\_\_\_

\_\_\_\_\_

8. Comments:

\_\_\_\_\_

\_\_\_\_\_

I certify that the information provided in this questionnaire is true and complete to the best of my knowledge.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date