



NOTARIZED AFFIRMATION OF ZERO INCOME

I, _____, affirm that no member of my household receives, earns, or obtains any type of income/support from any source.

1. Do you receive money/support from family members, friends, or any other person/organization, including earned income? Yes No If yes, list below and complete a **change report**:

| Who | Relationship | Amount Received | How Often? |
|-----|--------------|-----------------|------------|
| 1. | | | |
| 2. | | | |

2. Does any household member have any of the following: **No one in the household has assets**

| ASSET | YES | NO | AMOUNT OR VALUE |
|--|-----|----|-----------------|
| Checking / Savings Account: <i>The most recent account statement must be attached.</i> | | | \$ |
| Stocks / Bonds / Certificates of Deposit: | | | \$ |
| Other Property, including Real Property: | | | \$ |
| Other Assets: | | | \$ |

The information I have provided on the front and back of this form is true and complete. I understand that ALL household income must be reported in writing within ten (10) working days.

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

The foregoing instrument was acknowledged before me this _____ day of, _____

by _____

Signature of Notary

Commission Expires

Head of Household: _____



Please indicate below the amount of your monthly expenses and how you pay for them.

| EXPENSE | AMOUNT PER MONTH | HOW DID YOU OBTAIN MONEY TO PAY FOR THESE ITEMS? IF DONATED, LIST WHO DONATED THEM TO YOUR HOUSEHOLD: |
|--|-------------------------|--|
| 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 | \$ | |
| Other: | \$ | |

Comments: _____

Mailing Address:
 Mail Stop 101, PO Box 4008
 Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division
<https://www.chandleraz.gov/affordablehousing>
 Phone (480) 782-3200 - Fax (480) 782-3220

Office Location:
 235 S. Arizona Avenue
 Chandler, AZ 85225



The Arizona relay Service provides free 24-hour telephone access for the deaf, hard of hearing, deaf-blind, and hearing or speech impaired.

7-1-1 (TTY) * 7-1-1 (Voice) TTY English (800) 367-8939 / Espanol (800) 842-2088

