



501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

ZERO INCOME AFFIDAVIT

Name: _____

Address: _____

I hereby certify that I do not receive income from **ANY** of the following sources:

- * Wages (including bonus/commissions, tips, fee, etc.)
- * Income from operation of a business
- * Rental income from real or personal property
- * Interest or dividends from assets
- * Social Security payments
- * Unemployment Benefits
- * Annuities, insurance policies, stocks, etc.
- * Public Assistance Payments (TANF, etc.)
- * Worker's Compensation
- * Pensions, IRA, 401K
- * Disability Payments
- * Alimony/Child Support
- * Sales from Direct Sales i.e.: Mary Kay
- * **NO INCOME OF ANY OTHER SOURCE NOT NAMED ABOVE.**

I understand that I may be required to periodically update this information as requested by Moundsville Housing Authority.

“I/We, the undersigned, certify under perjury that the information provided here is true and correct, to the best of my knowledge and recollection. WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and administrative penalties (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802).”

NOTE: Sign in presence of Notary

Signature of Tenant: _____ Date: _____

NOTARY ONLY

STATE OF WEST VIRGINIA

COUNTY OF _____

Before me, _____, on this day personally appeared _____,
Name of Notary Public Name of signer

to be the person(s) whose name(s) is/are subscribed to be the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.
Day Month Year

Notary Public's Signature