

HTF-3C Affidavit of Zero Income

Full Legal Name: _____ Relationship to Head of Household: _____

Property Address, City, Zip: _____

1. Are you employed? Full-time Part-time Seasonally No

If yes, where? _____ How long? _____

2. Do you expect to work for any period during the next twelve (12) Months? Yes No

If yes, where? _____

3. Do you work for anyone who pays you in cash or do you earn tips? Yes No

If yes, how much weekly? _____

4. Are you on leave of absence from employment due to: Lay-off Medical Maternity Military Leave

Yes No If yes, when do you plan to return? _____

5. Do you currently receive, or expect to receive unemployment benefits? Yes No

6. Do you receive regular cash contributions from: Individuals not currently living in your household Outside agencies

Yes No If yes, list how much. \$ _____

7. Do you receive: Child support Alimony Welfare Public assistance Pension payment Annuity

Yes No Please check ALL that apply. If yes any, list how much. \$ _____

8. How much are monthly utilities (electricity, water, sewer, telephone)? \$ _____

How are those utilities paid? _____

Attach documentation showing how utility bills are being paid (i.e. copies of cancelled checks which have cleared the bank, notarized letter from the individual that regularly pays the utility bills, bank statements etc.).

9. Do you file taxes? Yes No If yes, provide a copy of your most recent federal income tax returns.

Applicant Certification:

I hereby certify that my total monthly income from all sources is \$ _____. By signing this Affidavit, I am certifying that the information is true and correct; and I understand that it is a crime to knowingly provide false information.

I am currently unemployed and do not receive unemployment benefits or any other form of compensation. Below is an explanation, in my own words, that has resulted in my current financial situation. I acknowledge the information provided is being used for the specific purpose of determining eligibility to receive assistance through the South Carolina Housing Trust Fund Program for home repairs. If requested, I will fully cooperate with any request to provide documents to verify the information provided within ten (10) business days of such change.

Provide an explanation, in your own words, why you have zero income.

Signature of Household Member

Date: _____

Sworn and subscribed to before me this _____ day of _____ 20 ____.

Notary Public for _____

My Commission Expires: _____

Signature: _____

Sponsor Business Name: _____