



### 3-1E Notarized Affidavit of Zero Income

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

RE: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

1. Are you employed full-time, part-time or seasonally? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, where \_\_\_\_\_ How long: \_\_\_\_\_
2. Do you expect to work for any period during the next twelve (12) Months?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where: \_\_\_\_\_
3. Do you work for anyone who pays you in cash or do you earn tips? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, how much? \_\_\_\_\_
4. Are you on leave of absence from work due to lay-off, medical, maternity or military leave?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when do you plan to return? \_\_\_\_\_
5. Do you receive, or expect to receive unemployment benefits? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you receive regular cash contributions from individuals not living in your household or from  
outside agencies? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you receive child support, alimony, welfare, public assistance, pension or annuity?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where \_\_\_\_\_ and how much? \_\_\_\_\_
8. Do you own or have a vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_  
Monthly average gas and upkeep \$ \_\_\_\_\_ How do you pay the above payment/expenses?  
\_\_\_\_\_
9. Do you have a cell phone? Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_  
How do you pay for the above expense? \_\_\_\_\_

**Applicant Certification:**

I hereby certify that my monthly income from all resources is: \$ \_\_\_\_\_

By signing this questionnaire I am certifying that the information submitted is true and correct; and I understand that it is a crime to knowingly provide false information. I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to \$10,000 fine upon conviction.

\_\_\_\_\_  
Signature of Applicant                      Date

**SWORN AND SUBSCRIBED TO BEFORE ME**  
**THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.**

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

\_\_\_\_\_  
**Date Commission Expires**

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**NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.**