

HTF-3C

Affidavit of Zero Income

(To be completed by all adult household members)

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

Property Address: _____ City: _____ Zip Code: _____

1. I, _____ hereby certify that I do not individually receive income from any of the following sources:

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses, pay in lieu of vacation or sick time, profit sharing, etc.
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends
- Gambling winnings
- Any other sources not named above

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

(Household member initial)

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

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. 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.

Household Member Signature

Print Name of Household Member

Date

Sponsor Signature – as witness

Print Name of Sponsor

Date