

Miami-Dade County CoC TBRA Program

AFFIDAVIT OF NO INCOME

I, _____, have applied, or am seeking re-certification, as an individual or as a member of a household for assistance through a federally funded Housing Assistance Program administered by the Miami-Dade County Homeless Trust. The Miami-Dade County Homeless Trust and the United States Government require verification of all income. I have stated during this verification process that I have no income. At this time, I do not have any source of income. Check below if any apply:

- I do expect to receive income from _____ (source of income) in the amount of \$_____ (circle monthly, annually or one-time) by _____ (date expected).
- I applied for unemployment on _____ (date).
- I applied for SSD or SSI on _____ (date).
- I will apply for unemployment (circle), SSD or SSI (circle) and any other benefits to which I may be entitled within thirty days of the date of this affidavit.
- I am ineligible for government assistance because _____.

I hereby acknowledge that this affidavit is related to administration of a U.S. HUD-funded program and that Title 18 Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. Furthermore, I acknowledge that Chapter 837 of the Florida Statutes subjects persons to criminal prosecution for knowingly making false statement(s).

I hereby swear, under penalty of perjury, that all statements contained herein are true.

Signature: _____ Date: _____

Print Name: _____

Witness: _____ Date: _____

Print Name: _____