



HATC USE ONLY	Sent By	Date Sent

Housing Authority of Thurston County
 1206 12th Avenue SE • Olympia, WA 98501
 Tel: (360) 753-8292 • Fax: (360) 586-0038

UNEMPLOYMENT AFFIDAVIT / CERTIFICATION OF ZERO INCOME

Head of Household: _____

Participant/Applicant Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc);
 - b. Income from operation of business;
 - c. Rental Income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Public assistance payments (GAU, GAX, TANF, etc);
 - g. Periodic allowances such as alimony, child support, gifts received from persons not living in my household;
 - h. Sales from self-employed resources (Avon, Mary Kay, Scentsy, Lularoe, etc);
 - i. Panhandling, soliciting money from strangers;
 - j. Any other source 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 3 months.

3. I will be using the following source(s) of funds to pay for rent and other necessities: _____

4. I have worked in the past 12 months _____ Y N

If yes, list where you worked in the past 12 months (if more than one, list on a separate sheet):

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE #: _____

DATES OF EMPLOYMENT: From: _____ To: _____

AMOUNT EARNED: \$ _____

5. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of housing benefits as well as an overpayment recovery.

 Participant/Applicant Name (printed) Participant/Applicant Signature Date
 (Please turn over to complete backside of form)

- In order to continue to offer you a full subsidy, we need clarification on your monthly budget.
- Please complete, sign, and return this form so that we may re-evaluate your assistance level.
- Please put N/A next to any item that does not apply and add other living expenses that you have in a typical month that are not listed.

ITEM	DOLLAR AMOUNT NEEDED MONTHLY	SOURCE OF NEEDED ITEM
DAILY FOOD	\$	
BEVERAGES	\$	
CIGARETTES	\$	
CAR PAYMENT	\$	
CAR INSURANCE	\$	
GAS & CAR MAINTENANCE	\$	
PUBLIC TRANSPORTATION	\$	
MEDICAL & DENTAL CARE	\$	
PHONE/CELL PHONE BILL	\$	
CLOTHING	\$	
LAUNDRY	\$	
TOILETRIES, CLEANING SUPPLIES, PERSONAL CARE ITEMS	\$	
RENT PAYMENT	\$	
POWER BILL	\$	
OTHER	\$	

IMPORTANT NOTE: If someone helps you on a regular basis with any or all of the above items, please have that person complete and submit a Gift Affidavit form.