

# SCHOOL EMPLOYEE AFFIDAVIT

*Any adult applying to live in a tax credit unit who is employed by an educational institution should complete this form*

Applicant/Tenant: \_\_\_\_\_ Unit #: \_\_\_\_\_

Name of School: \_\_\_\_\_

Position Held (i.e.: teacher, bus driver, assistant)  
\_\_\_\_\_

Do you work at the school during the summer months?

YES       NO

If you answered NO, please check the following as applicable to the summer months:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. I receive my salary, but will not work during the summer | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have/will look for another job                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I will receive unemployment benefits                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I will receive gift income from friends/family/etc       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. I will have zero income status                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Other  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- If **YES** to 1, 2, 3 or 4 please list the amount of income expected to be received:

\_\_\_\_\_

*(NOTE TO PROPERTY MANAGEMENT: Employment income and gift income earned during summer months must be verified via third party affidavits.)*

- If **OTHER** please explain:

\_\_\_\_\_

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 that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date

