SEASONAL WORKER AFFIDAVIT

Any adult applying to live in a tax credit unit who has a seasonal job should complete this form

Applicant/Tenant: _________________________ Unit #: __________

Name of Seasonal Employer: _________________________

Are you employed at this job for only a portion of the year?

YES  NO

Please list the dates that you DO NOT work at this job:

________________________________________________________________

During your lay off period, please check the following as applicable:

1. I will receive unemployment benefits [ ] YES [ ] NO
2. I have/will look for another job [ ] YES [ ] NO
3. I will receive gift income from friends/family/etc [ ] YES [ ] NO
4. I will have zero income status [ ] YES [ ] NO
5. Other [ ] YES [ ] NO

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

________________________________________________________________

- 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