

# 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                | <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 gift income from friends/family/etc. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I will have zero income status                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Other   | <input type="checkbox"/> YES | <input type="checkbox"/> 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.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

