

Seasonal Worker Supplemental Affidavit - Schedule of Seasons

For adults employed seasonally, please indicate where you work each week of the year. If unemployment or other benefits will be collected or if there are weeks with no income, please also indicate.

Supporting documentation has been/will be provided for review.

I _____ certify that my income history for the past 12 months is indicative of the next 12 months, if I have not yet been re-hired, I expect to return or find comparable income and hours.

January	February	March
Week 1 _____	Week 5 _____	Week 9 _____
Week 2 _____	Week 6 _____	Week 10 _____
Week 3 _____	Week 7 _____	Week 11 _____
Week 4 _____	Week 8 _____	Week 12 _____
Week 5 _____	Week 9 _____	Week 13 _____
April	May	June
Week 14 _____	Week 18 _____	Week 22 _____
Week 15 _____	Week 19 _____	Week 23 _____
Week 16 _____	Week 20 _____	Week 24 _____
Week 17 _____	Week 21 _____	Week 25 _____
Week 18 _____	Week 22 _____	Week 26 _____
July	August	September
Week 27 _____	Week 31 _____	Week 36 _____
Week 28 _____	Week 32 _____	Week 37 _____
Week 29 _____	Week 33 _____	Week 38 _____
Week 30 _____	Week 34 _____	Week 39 _____
Week 31 _____	Week 35 _____	Week 40 _____
October	November	December
Week 40 _____	Week 44 _____	Week 49 _____
Week 41 _____	Week 45 _____	Week 50 _____
Week 42 _____	Week 46 _____	Week 51 _____
Week 43 _____	Week 47 _____	Week 52 _____
Week 44 _____	Week 48 _____	Week 1 _____

Under penalty of perjury, I certify that the information presented is true and accurate to the best of my knowledge.

(Signature of Tenant)

Date

(Signature of Manager)

Date