Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385
Xenia: 937-376-2908, Fairborn: 937-429-7736
General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230
Website: www.gmha.net

AFFIDAVIT OF ZERO INCOME

Head of Household (voucher holder): _____

I, _____, swear that as of this date, ____/____/____, I have no income from any source to include cash side jobs, "gifts" from friends and family or payment of bills by person's outside of this household.

I acknowledge, by signing this form, that falsifying this information required by Greene Metropolitan Housing Authority, can result in prosecution and I will be terminated from the Section 8 program.

_____   _____-_____-_____
Signature   Social Security Number

Sworn to before me and signed in my presence this   _____day of _____, 20_____.

_____
Notary Signature

Notary Seal: