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UNEMPLOYED AFFIDAVIT

RETURN TO:	DATE:	A	PT. #:		
TEL.#:	DEVELOPMENT NAME:				
FAX #:	APPLICA	NT/RESIDENT:	RESIDENT:		
Are you currently employed? If yes, where:			□ NO		
Do you have any income? If yes, where:		□ YES	□ NO		
Do you have any employment opportunities available to you a lf yes, where:			□ NO		
Have you applied for unemployment compensation? If yes, where:		□ YES	□ NO		
Are you collecting unemployment compensation? If yes, what is the amount: <u>\$</u>		□ YES	□ NO		
Are you actively looking for employment?		□ YES	□ NO		
Do you anticipate any income in the next 12 months?				(HPI 300)	
What source of funds will you use to make rental payments?					
Previous Employment: (complete below information if emp	loyed in th	e last 3 years)		(HPI 417)	
Previous Employer:			_		
Address:			_		
Contact Person:					
Occupation:					
Pay Rate: \$ per (hour/day/week/mo	onth/year)	Hours Worked Pe	r Week:		
Reason for Leaving:					
Do you intend to find similar work with similar or better pay?		□ YES	□ NO	(HPI 300)	
Please provide a signed copy of last year's federal incon	ne tax retu	ırn.			
I understand that income information on this form may be tal	ken into co	nsideration in deter	mining eligibil	ity for housing	

under Section 42 of the Internal Revenue Code.

I certify that the information contained on this form is true and accurate to the best of my knowledge. I understand that any false statements made by me on this form may be cause for denial of housing or termination of the lease agreement in addition to other legal consequences.

Signed		
	Signature of Applicant/Resident	
o		

Signed_

Signature of Applicant/Resident

OFFICE USE ONLY:



Date

Date