

## F-19E Notarized Affidavit of Zero Income

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.sc.gov

	Relationship to HOH:
1.	Are you employed full-time, part-time or seasonally? Yes No  If so, where How long:
2.	Do you expect to work for any period during the next twelve (12) Months? Yes No If so, where:
3.	Do you work for anyone who pays you in cash or do you earn tips? Yes No If so, how much?
4.	Are you on leave of absence from work due to lay-off, medical, maternity or military leave?  Yes No If so, when do you plan to return?
5.	Do you receive, or expect to receive unemployment benefits? Yes No
6.	Do you receive regular cash contributions from individuals not living in your household or from outside agencies? Yes No
7.	Do you receive child support, alimony, welfare, public assistance, pension or annuity?  Yes No If so, where and how much?
8.	Do you own or have a vehicle? Yes No Monthly payment \$
	Monthly average gas and upkeep \$ How do you pay the above payment/expenses?
9.	Do you have a cell phone? Yes No Monthly payment \$ How do you pay for the above expense?
	plicant Certification: ereby certify that my monthly income from all resources is: \$
is a	signing this questionnaire, I am certifying that the information submitted is true and correct; and I understand that it crime to knowingly provide false information. I understand that the penalty for knowingly providing false informatio p to five (5) years in prison and/or up to \$10,000 fine upon conviction.
	SWORN AND SUBSCRIBED TO BEFORE ME  Signature of Applicant Date
	Signature of Applicant Date  THISDAY OF20
	Notary Public

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.