



Housing Choice Voucher (Section 8) Program
400 U.S. Highway # 1 (Marion gardens) Jersey City, New Jersey 07306
(201) 706-4677/4678 Fax: (551) 256-7736/7737 www.jerseycityha.org

NO INCOME AFFIDAVIT

*If anyone in the assisted household is 18 years or older and has no source of income (Wages, SS, SSI, Welfare benefits) *Please complete this form**

I, _____ Social security number _____ do swear that I am 18 years of age or older and do not have any income or receive any benefits at the current time. I further understand that should I gain any type of income at any point in the forth coming months, I must report it to my case worker/Section 8 office immediately, to avoid termination for unreported income.

By signing below I acknowledge/understand and agree to the above terms.

Signature

Date

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.