CITY OF SHORELINE
ZERO INCOME AFFIDAVIT

Property Name: _____   Unit: _____

Applicant/ Resident Name: _____

> This document is to be completed by any applicant or household member who is at least 18 years old, or an emancipated minor, who claims zero income on an application.

Directions: Please select all that apply. **Obtain a printout from the Employment Security Department** to show the existence or lack of unemployment benefits and wage history for the last 12 months preceding this certification.

☐ **A**. I am not currently employed and (check all that apply):

- ☐ I have not applied for employment in the past 6 months
- ☐ I am not seeking employment
- ☐ I have not been offered employment
- ☐ I do not plan on obtaining employment within the next 12 months
- ☐ I cannot work within the next 12 months due to: _____

☐ **B**. I am not currently employed; however, I anticipate gaining employment soon due to:

- ☐ I have been offered employment with _____ (company name). My anticipated start date is _____ (mm/dd/yyyy).
  - ☐ If this is selected, attach new hire letter explaining start date, pay rate, exact number of weekly hours, exact number of overtime hours, expected bonus, commissions, and anticipated increases.
- ☐ I am seeking employment in the _____ field as a _____ (position) and I anticipate earning $_____ per _____ (frequency).
  - ☐ My anticipated income is supported by (check all that apply)
    - ☐ Previous tax return
    - ☐ Previous job pay/salary history
    - ☐ Three current employment advertisements showing average compensation for similar positions.

Please check only one:

- ☐ I am receiving unemployment benefits
- ☐ I am not receiving unemployment benefits; however, I am entitled to file a claim.
- ☐ I do not receive unemployment benefits and I am not entitled to receive unemployment benefits.

C. Please explain how you plan to meet your financial obligations:

_____

_____

I am aware that my information is subject to review and verification and that other documentation may be required. I grant permission to the Management to request information from other 3rd party entities, including but not limited to schools, employers, banking and financial institutions and other governmental agencies and their delegated agents. Submitting this information does not guarantee eligibility or enrollment in any programs.

I certify that the information I have provided is accurate and complete and that I may be subject to criminal prosecution and civil liability if I have knowingly given false or misleading information. I agree to provide updated proof of eligibility at any time, if requested.

_____   _____   _____
Applicant/Resident Signature   Print Name   Date

11/2/2022