

SHD TENANT AFFIDAVIT

Completed at initial in-take for all households residing in short term occupancy arrangements such as Emergency Shelters, Hospice Care Facilities and Licensed Group Homes funded through NCHFA.

Date: _____

Development Name: _____

Head of Household Name or ID: _____

Unit No/Bed No/ID No: _____

READ THIS DOCUMENT CAREFULLY TO BE SURE THAT INFORMATION IS TRUE AND COMPLETE BEFORE YOU SIGN IT.

The Tenant Affidavit is valid up to 90 days. Residents residing longer than 90 days must complete an application, have income/assets 3rd party verified and sign a Tenant Income Certification.

PART 1 – SELECT ONE OPTION:

I/we do not have any income at this time **(If selected, move to Part 3, then sign);**

I/we do have income at this time pursuant to the description below **(If selected, move to Part 2, then sign);**

Total income includes: wages, salary, overtime pay, commissions, fees, tips, and bonuses before deductions; interest and dividend payments; TANF; social security benefits; annuities; pensions; retirement funds; disability benefits; alimony; child support; and other regular contributions – source documents will be provided upon request.

PART 2 – INCOME INFORMATION:

Current Pay Rate/Benefit: \$ _____

Average # of regular hours per week: _____

Frequency (select one): Hourly Weekly Bi-Weekly Semi-Monthly Monthly Annually Other: _____

My household size of _____ has an expected annual income of \$ _____.

Income Limit based on household size (found in RCRS): \$ _____

PART 3 – CERTIFICATION:

	Read and Understood	
This affidavit is only made for purposes of documenting eligibility at initial intake or move-in.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Income eligibility is a requirement of the housing which is operated in agreement with the rules of North Carolina Housing Finance Agency and other state and federal guidelines.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Additional information and documentation may be required to complete the Tenant Income Certification if/when occupancy exceeds 90 days and annually if required by the program.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SIGNATURES:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Printed Name

Signature

Date