



OKALOOSA COUNTY
AFFORDABLE HOUSING PROGRAMS
Zero Income Affidavit

To be completed by each adult household member who does not receive income.

Name of Household Member declaring Zero Income Status:

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, ect.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI) or death benefits;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- h. Sales from self-employed resources (Avon, Delivery, Side work, etc.);
- i. Any other source not named above.

2. I hereby certify that during the next 12 months there is no change expected in my financial or employment status.

3. I understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083. I further understand that any willful misstatement of information will be grounds for disqualification.

Signature of Household Member

Date

Printed Name

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____ (date) by _____ (name of person acknowledging), who is personally known to me or who has produced _____ (type of identification as identification).

Notary Signature

Notary Stamp