

Housing Authority of the Sac and Fox Nation

201 N. Harrison • P.O. Box 1252 • Shawnee, OK 74801 • Ph (800)831-7515 • (405)275-8200 • Fax (405)275-8203

NO INCOME AFFIDAVIT

STATE OF OKLAHOMA)		
РОТТ	CAWATOMIE COUNTY) SS.)		
RE:	AFFIDAVIT OF:	Name:		
		Date of birth:		
		SS#:		
			cense or State Issued ID Verified: # Exp	
Being	of lawful age, and upon my	oath, the und	ersigned does affirm, and state as follows	:
	1. I have reported all inc	ome, includi	ng any unemployment benefits.	
	2. I do not currently have	e employme	nt (including self-employment) at-this-t	ime.
	3. I will report any chan composition.	ges as they o	ccur to my household income and	
	4. This Affidavit expires	on	20	
FURT	THER AFFIANT SAYETH N	NOT.		
			Affiant Signature (Presence of a N	otary)
			Date	
Subscribed and sworn to before m		e this	day of	_, 20
			Notary Public	
	Commission Expires			