



**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:

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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