



1400 Oakside Drive #76 Canton, GA 30114  
Main: 770-479-4969 Fax: 770-479-8118  
TDD: 770-479-6988

Date: \_\_\_\_\_

Unit Address: \_\_\_\_\_

**This form is to be completed by the household member with zero income and signed by both the party completing the form and the head of household.**

I \_\_\_\_\_ swear that I am currently receiving ZERO income. I attest that I do not receive ANY income from the following sources (please initial each to acknowledge that you agree):

- \_\_\_\_\_ Social Security Administration
- \_\_\_\_\_ Military Pay
- \_\_\_\_\_ Pension/Annuities/Insurance Policies
- \_\_\_\_\_ Child Support
- \_\_\_\_\_ Employment
- \_\_\_\_\_ Self-Employment
- \_\_\_\_\_ TANF/Adoption Assistance
- \_\_\_\_\_ Unemployment Compensation
- \_\_\_\_\_ Federal Work Study
- \_\_\_\_\_ Income from Assets
- \_\_\_\_\_ Gift Contributions from Family and Friends

I understand that if I begin receiving income of any kind, I am responsible for reporting the change to the main office, on a household change form, within 10 days of the date of the change. If I fail to do so, my household will be responsible to reimburse the authority for any retroactive rent due. I understand that failure to report changes to household income is grounds for lease termination and possible eviction.

\_\_\_\_\_  
Print -Name of household member

\_\_\_\_\_  
Signature of household member with zero income

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of head of household

\_\_\_\_\_  
Date

