

TEXOMA COUNCIL OF GOVERNMENTS
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM · 1117 GALLAGHER DRIVE, SUITE 100
SHERMAN, TEXAS 75090
(800) 677-8264 · (903) 813-3536 · FAX (903) 813-3340

AFFIDAVIT OF ZERO INCOME

THIS IS TO CERTIFY THAT NO MEMBER OF MY HOUSEHOLD, INCLUDING MYSELF, HAS ANY INCOME (GAINFUL EMPLOYMENT, SELF-EMPLOYMENT, WELFARE, CHILD SUPPORT, ETC.).

I WILL, AS A SECTION 8 HOUSING CHOICE VOUCHER PROGRAM CLIENT, BE RESPONSIBLE FOR SENDING SECTION 8 HOUSING A ZERO INCOME FORM EVERY MONTH SO LONG AS I NOR ANY OTHER MEMBER IN MY HOUSEHOLD HAVE NO INCOME.

I also certify that I will notify the Texoma Council of Governments immediately if and when ANY income is received by any household members.

Client Signature: _____ Date _____

Witness: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States Government as to any matter within its jurisdiction.