WASHINGTON COUNTY
OREGON

DECLARATION OF NO INCOME

I/We _____ _____ _____
List names of all adults in the household with no income

declare, under penalties of perjury, that I am/we are receiving no income, TANF, financial assistance or gifts, from any source whatsoever, at the present time.

Should this condition change, I/we promise to notify the Washington County Department of Housing Services **in writing** within ten (10) days of its occurrence.

I/we also understand that discovery of income from any source (after signing this form) is cause for termination of housing assistance.

Head of Household Signature	Printed Name	Date
Spouse/Other Adult Signature	Printed Name	Date
Other Adult Signature	Printed Name	Date
Other Adult Signature	Printed Name	Date
Other Adult Signature	Printed Name	Date

As the Head of Household, I confirm that the above person(s) have no income from any source at this time, and I understand that I am responsible to report any change in this condition to the Housing Authority **in writing within ten (10) days**:

Head of Household Signature	Printed Name	Date

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