

East Providence Housing Authority
99 Goldsmith Avenue
East Providence, RI 02914

DECLARATION OF "NO INCOME"

I, _____ certify that I do not have any type of income at the present time. The definition of income includes, but is not limited to:

Employment
Unemployment Benefits
Temporary Disability Insurance
Workers Compensation
Public Assistance (TANF & GPA)
Social Security
Supplemental Social Security (SSI)
Pensions
Veteran's Benefits
Alimony
Child Support
Regular Contributions of Support

I also understand that as soon as I begin to receive any type of income, I will notify the East Providence Housing Authority immediately.

WARNING
FALSE STATEMENTS ARE GROUNDS TO TERMINATE THE FAMILY'S
CURRENT ASSISTANCE OR APPLICATION FOR ASSISTANCE AND ARE
PUNISHABLE UNDER FEDERAL AND STATE LAW

Signature of applicant or tenant

Date

Signature of EPHA representative

Date