

## ON-CALL WORKER AFFIDAVIT

*Any adult applying to live in a tax credit unit who has an on-call position should complete this form*

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Are you employed at in this position on an on-call basis ONLY?

**YES**

**NO**

Please provide your anticipated income for the next 12 months and provide most recent pay statements or 1099 as it pertains to this employer/position: \$\_\_\_\_\_

During the times you are not working in this position, please check the following as applicable:

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| 1. I will receive unemployment benefits               | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 2. I have/will look for another job                   | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 3. I will receive gift income from friends/family/etc | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 4. I will remain with zero income status              | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |
| 5. Other  | <input type="checkbox"/> <b>YES</b> | <input type="checkbox"/> <b>NO</b> |

- If **YES** to 1, 2 or 3 please list the amount of income expected to be received:

\_\_\_\_\_

- If **OTHER** please explain:

\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date