NON-EMPLOYMENT CERTIFICATION

To be completed by each adult household member declaring nonemployment. (not applicable to minors)

Development Name: _				
Head of Household Na	ime:		Unit No:	
Certification Type:	☐ Initial	☐ Recertification (Effective Da	ate:)	
PART 1 - SELECT ONE	E OPTION:			
☐ I am not currently e twelve (12) months.	mployed in any ca	apacity nor receiving income from an	y source, and <u>DO NOT</u> intend to become employed within t	the next
☐ I am not currently en	nployed in any cap	acity; however		
☐ I <u>DO</u> receiv	e benefits from		_ (benefit verification required).	
☐ I <u>DO</u> intend	to become employ	yed within the next twelve (12) month	ns, but not currently employed. (COMPLETE PART 2)	
	rt date:	start within the next twelve (12) mont		
Employer or Job Type: _				
Gross Wages/Salary: \$				
Frequency (sel Average # of regular hou	•		emi-Monthly 🗖 Monthly 🗖 Annually 🗖 Other:	-
	lerstand(s) that pr	oviding false representations herein c	rification is true and accurate to the best of my/our knowledge constitutes an act of fraud. False, misleading, or incomplete	ze. The
Printed Name		Signature	Date	=