DUBLIN
CALIFORNIA

Home Ownership Program

AFFIDAVIT OF NON-INCOME

(Complete ONLY for applicant(s) or adult children NOT claiming any source of income)

Completing this form in no way affects your eligibility to be seen in this office; it is kept for verification purposes only, for the City of Dublin.

Applicant Name: _____

Current Address: _____

_____

Please state how you provide for your basic needs. How do you pay for rent, utilities, food, etc.? If you receive cash, how much do you receive, how often, and from whom?

_____

_____

_____

_____

Is this your usual income? ❑ Yes ❑ No

If no, what is it usually? Explain: _____

_____

_____

Usual annual income: $_____

I have told the truth about all sources of my income. To the best of my knowledge, I have not given false information or withheld information. I understand that if I do, I may be prosecuted, deemed ineligible for the program or in violation of program requirements, or be required to pay back the benefits I receive.

_____ _____

Signature Date

_____

Applicant Name (print)