AFFIDAVIT OF UNEMPLOYMENT/NON-EMPLOYMENT

Applicant/Resident Name:		Unit
Soc	ial Security #	
Pro	perty Name :	
1.	I reside and/or have made application to re	ent an apartment at:
2.	Check (a), (b) or (c) as applicable:	
	per week.	d; however, I am currently receiving erification attached) in the amount of \$, nust be annualized and included in anticipated gross
	(b) I am not presently employed, but will begin an employment starting on the date of/ at \$	
	twelve (12) months. Reason	d and do not anticipate becoming employed within the next on for non-employment: (retired, disable/handicapped, full-ther/expecting mother, or other)
3.	most recent tax year (copy attached) and with	l income history as reflected in my income tax return for the adjustments to reflect circumstances anticipated within the per year when I become employed.
	the best of my knowledge. I further understan	Formation presented in this certification is true and accurate to ad that providing false representations herein constitutes an act formation may result in the termination of lease agreement or
	APPLICANT / RESIDENT	DATE