



## Housing Authority of the City of Decatur, Georgia

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750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030  
404-270-2100 ▪ Fax 404-270-2122  
TTD/TTY 1-800-545-1833 Ext 852  
www.decaturhousing.org

### ZERO INCOME FORM

I \_\_\_\_\_, affirm that I do not have  
Print Name

any income. This includes but is not limited to income from any of the following sources:

- Wages, Salaries, Commissions, Bonuses, Fees, Tips, Self-Employment/Business Income, Social Security, SSI, Pension, Disability, Worker's Compensation Benefits, Unemployment Benefits, Child Support, Alimony, Welfare General Assistance, TANF, Veterans Pension, Veterans Disability Benefits
- Pensions, Annuities, Retirement Funds, Inheritance, Whole Life Insurance
- Saving Bonds, Stocks/Bonds
- Interest income from Savings Accounts, Checking Accounts, IRAs, Certificates of Deposit, Money Market Funds
- Military Pay
- Real Estate, Property
- Regular Contributions or gifts provided on a regular basis
- Student financial aid
- Any other income not named above

I understand that all changes in income of any household member must be reported to Decatur Housing Authority **in writing within ten (10) days** of the change. I also understand that I am responsible for ensuring that Decatur Housing Authority receives the written notice of this change.

I understand that providing false income information to Decatur Housing Authority is a violation of the federal regulations and Decatur Housing Authority's policies. Failure to provide true and complete income information may result in termination from the Housing Choice Voucher program and criminal prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Warning: TITLE 18, SECTION 1001 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULLY FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN IT'S JURISDICTION.