

	Date:
	Head of Household Name:
I of including but not limited to the following	o hereby swear that I do not receive any income whatsoever, forms:
 Military Pay or Benefits Disability or Death Benefits Business Net Income, or Sales fr Rental income from real or person Property Income, Interest Divide Alimony, Child Support, Cash Chousehold; Unemployment Compensation B Social Security payments (Inclu 	ends ontributions and Gifts received from persons not living in my enefits ling Survival Benefit and/ or SSI for minor children) rement funds, pensions, or death benefits;
I understand that any change in my en Charter Oak Communities within 10	apployment status or income status, must be reported to lays of the change. I also understand that it is my chedule an appointment with the Section 8 Department to
	f the U.S. Code makes it a criminal offense to willfully entation to any department or agency of The United risdiction.
	Signature
Subscribed and sworn to before me, a	Notary Public, in and for the County of
and State of	, thisday of,
	Notary Public

My Commission Expires