NON-EMPLOYED APPLICANT'S AFFIDAVIT

A separate form must be completed by each non-employed adult member of the household

Applicant Name:		Date:		
Telephone #:		Unit:		
Check (A), (B) or (C) as	s applicable.			
	not presently employed in loyed within the next 12 m	any capacity and do not an	ticipate becoming	
		oyed in any capacity, but anticipate becoming employed ns, however, I do not yet have a job offer.		
emplo ———	oyed within the next 12 mo	employed in any capacity, but the control on the capacity and the capacity	position with	
[] Ó f f [] Ful	port of this, I have subming fer Letter/Conditional Emp lly Completed Verification ther supporting documenta	loyment Offer of Employment (VOE)	#	ā
Unemployment Benefits <i>(C</i>	heck only one)			
2 -	eceiving and do not antic	s. ipate receiving unemployme receiving unemployment ber		
(Provide supporting o	documentation if receiving un	employment benefits)		
I understand that this affidavi and that any misrepresentation to immediate eviction. Under penalty of perjury, I ce	on herein will be considere	ed a material breach of the le	ase agreement, subjecting me	
Applicant/Resider	nt Signature		Date	
Owner/Manager Repres	entative Signature		Date	

