

Seasonal Worker Affidavit

The information on this form is needed to certify/recertify the named employee's income from wages. Please complete this entire form and leave no blanks.

Applicant/Resident Name	Unit #	Date:
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Please complete the following questions regarding your plans for off-season income.

When does your off season typically begin and end?	Begin: _____ End: _____
I have received off season unemployment benefits in the past two years. If yes, the gross monthly benefit received was:	Yes ☐ No ☐ \$ _____
I anticipate receiving unemployment benefits in the next off season. If yes, what is the date you expect to file for unemployment?	Yes ☐ No ☐ Date: _____
I anticipate looking for another seasonal employment position. Anticipated gross monthly income to be received:	Yes ☐ No ☐ \$ _____
I anticipate earning income through self-employment. If yes, what type of self-employment? Anticipated gross monthly income to be received:	Yes ☐ No ☐ \$ _____
I anticipate receiving cash contributions from persons not living in the household. If yes, name of contact person: _____ Phone: _____ Begin and end dates for contributions: Begin: _____ End: _____	Yes ☐ No ☐ Estimate Monthly Amount: \$ _____
I do not anticipate receiving any of the above types of income during the off-season.	Yes ☐ No ☐
If claiming zero income during the off-season, how will you meet financial obligations?	

Signatures

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date _____

Manager Signature

Date _____