

FALL RIVER HOUSING AUTHORITY
SECTION 8 DEPARTMENT
P.O. Box 989 • Fall River, MA 02722
Tel. 508-675-3595
Fax: 508-675-3435

DEPARTMENT OF LEASED HOUSING

DECLARATION OF NO INCOME

I, _____, certify that I do not have any type of income at the present time. The definition of income includes, but is not limited to:

- Employment
- Unemployment Benefits
- Temporary Disability Benefits / Insurance
- Workers Compensation
- Public Assistance
- Social Security
- Supplemental Social Security (SSI)
- Massachusetts SSP
- Pensions
- Veteran's Benefits
- Alimony
- Child Support
- Regular Contributions of Support

I also understand that as soon as I begin to receive any type of income, I will notify the Fall River Housing Authority immediately.

WARNING *False statements are grounds to terminate the family's lease or application for housing assistance, and are punishable under Federal and State Law*

Signature

Date

Signature of Witness / Notary

Date