



WHITE PLAINS HOUSING AUTHORITY

AFFIDAVIT OF NON-EMPLOYMENT

ACCT # _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY and ACCURATELY (print or type answers clearly)

NAME _____ SOCIAL SECURITY# _____
ADDRESS _____ APT. # _____

Company name/Address-zip/Telephone number of most recent employer _____

START DATE OF EMPLOYMENT _____ LAST DATE OF EMPLOYMENT _____
Name of immediate supervisor/contact person _____

Are you eligible and/or expect to receive Unemployment benefits? yes _____ no _____
weekly amount \$ _____ date benefits began _____ expected date benefits are
to begin _____ were benefits terminated? yes _____ no _____
date terminated _____ expected date benefits will terminate _____
if terminated, will benefits be reinstated? yes _____ no _____ unsure _____ have you reapplied?
yes _____ no _____ when? _____

Are you now receiving or expect to receive Disability payments? [includes Workers Compensation
benefits, SS, SSD, SSI, etc.] yes _____ no _____
amount \$ _____ weekly/monthly? expected date benefits are to begin _____
were benefits terminated? yes _____ no _____ if terminated, will payments be reinstated?
yes _____ no _____ unsure _____ have you reapplied? yes _____ no _____ when?

Are you now receiving or expect to receive Public Assistance? yes _____ no _____
monthly amount \$ _____ date benefits began _____ date benefits
terminated _____ have you reapplied? yes _____ no _____ when?
_____ Are you or do you expect to receive income from any
source, i.e., from a law suit, inheritance, family contribution, etc? yes _____ no _____ amount
\$ _____ weekly/monthly? date received or expect to receive _____

tenant signature _____ date _____

****NOTARY: SWORN TO BEFORE ME THIS DAY OF 20**

Notary signature _____ stamp

rev: 7/01