



DEKALB COUNTY

COMMUNITY DEVELOPMENT DEPARTMENT

Income Certification Affidavit

This is to certify that the information provided to DeKalb Community Development Department in my application for the **DeKalb Cares Plumbing Repair Program** is accurate and complete. The undersigned certifies that all income from all sources and for all family members, 18 years or older, has been reported. Income includes, but is not limited the following:

1. Wages and salaries, whether the employment is full-time, part-time, temporary, or permanent.
2. Child support and alimony, whether the payment is court-ordered.
3. Public assistance payments, including AFDC and SSI.
4. Social Security, VA, and private pension funds.
5. Income from assets, including Certificates of deposit, saving accounts, stocks, bonds, rents, and royalties.
6. Payments and contributions made regularly by a person or persons not living in the household.
7. Any other source of income not mentioned above.

The undersigned further understands that if no income was reported and should the undersigned become employed or begin to receive benefits or income of any kind before final approval of the application, then the undersigned will report such employment, benefits, or other income as applicable to DeKalb County Community Development Department.

The undersigned understands that failure to include any of the information requested may result in the denial of program benefits and/or other penalties as stipulated in the application.

Address of Applicant

Printed name of applicant

Signature of applicant

Acknowledge and sworn to before me a Notary Public in and for the State of Georgia,
County of _____, this _____ day of _____, 20_____.

Notary Public

My Commission Expires:
(SEAL)