UNEARNED INCOME AFFIDAVIT

STATE OF _____

COUNTY OF

I , _____, residing at _____, being duly sworn, depose and state that I receive the following unearned income from the sources listed below:

Source of Unearned Income	Frequency of Payment	Gross Amount ($)
Total Monthly Unearned Income:		

I hereby certify and declare under penalty of perjury that the foregoing information is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may subject me to criminal and civil penalties.

_____

_____

Signature of Affiant Date

NOTARY PUBLIC ACKNOWLEDGMENT

Subscribed and sworn to before me this _____ day of _____, 20____, by _____ .

_____

Notary Public Signature

(Place Seal Here)

My Commission Expires: _____