



# CITY OF EL CAJON/EL CAJON HOUSING AUTHORITY HOUSING DIVISION

Loan# \_\_\_\_\_

## DECLARATION OF NO INCOME

The City of El Cajon/El Cajon Housing Authority provides first-time homebuyer assistance funded, in whole or part, by the federal HOME Investment Partnership Program, CalHome Program or the El Cajon Housing Authority. The City of El Cajon/El Cajon Housing Authority is required to verify all income of anyone receiving assistance (households) under these programs. To comply with this requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing your family eligibility.

### CERTIFICATION

I, \_\_\_\_\_ do hereby certify that I do NOT receive income from ANY source. I understand sources of income include, **but are not limited to**, the following:

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of California law.

- |                                |   |
|--------------------------------|---|
| Employment by Other(s)         | Alimony   |
| Unemployment Compensation      | Income from Assets                                |
| Social Security                | Pensions  |
| Workers Compensation           | General Public Assistance such as AFDC, SSI, etc. |
| Child Support                  | Disability  |
| Education Grants or Work Study | Union Benefits                                    |
| Self-employment                | Family Support/Inheritance/Trust Income           |
| Annuity                        | Retirement Assets                                 |
| Any other source not named     |   |

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the extent of the law.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### ACKNOWLEDGMENT

**State of California,  
County of San Diego**

On \_\_\_\_\_ before me, \_\_\_\_\_, (insert name and title of the officer) personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
**Signature of Notary**