

CITY OF EL CAJON
Department of Community Development
Housing Division
200 Civic Center Way
El Cajon, CA 92020
(619) 441-1710 FAX (619) 441-1595

(1) _____

Name of Applicant: _____

Name of Co-Applicant: _____

INCOME TAX AFFIDAVIT

To be completed only if applicant was not required by law to file income tax returns. _____, being first on his or hear oath, deposes and says:

- 1. I (We) hereby certify that I (we) was (were) not required by law to file a Federal Income Tax return for the following year(s) _____ for the reason(s) stated below:
- 2. I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for a City/Housing Authority Loan. I (We) acknowledge that a material misstatement negligently made by me (us) in connection with an application for a City/Housing Authority Loan will constitute a federal violation punishable by a fine, and a material misstatement fraudulently made in this Affidavit or in any other statement made by me (us) in connection with the application for a City/Housing Authority Loan will constitute a federal violation punishable by a fine, revocation of the certificate and any other penalty imposed by law. In addition, any material misstatement or false statement which affects my (our) eligibility for a City/Housing Authority Loan will result in a denial of my (our) application for a City/Housing Authority Loan, or, if a City/Housing Authority Loan has been issued prior to the discovery of the false statement, immediate revocation of the City Loan.
- 3. I (We) further acknowledge that if any information of certification I (we) provide contains a material misstatement, which is due to fraud, then a City/Housing Authority Loan issued will automatically become due and payable to the City/Housing Authority.
- 4. In addition, I (we) hereby acknowledge and understand that any false pretense, including any false statement or representation, or the fraudulent use of any instrument, facility, article, or other valuable thing or service pursuant to my (our) participation in any City of El Cajon/El Cajon Housing Authority program is punishable by imprisonment or by a fine.

_____ Date Signature Social Security Number

_____ Date Signature Social Security Number

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