



seasonal worker affidavit

All adult household members who are employed seasonally must complete this form. One document is required per adult household member.

Resident Name	
Unit Number	Date

Please complete the following questions regarding your plans for off-season income.

When does your off season typically begin and end?	Begin:	End:
I have received off season unemployment benefits in the past two years.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, the gross monthly benefit received was:		
I anticipate receiving unemployment benefits in the next off season.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the date you expect to file for unemployment?		
I anticipate looking for another seasonal employment position.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated gross monthly income to be received:		
I anticipate earning income through self-employment.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of self-employment?		
Anticipated gross monthly income to be received:		
I anticipate receiving cash contributions from persons not living in the household.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of contact person:		Phone Number:
Begin and end dates for contributions:		Anticipated Gross Monthly Amount:
I do not anticipate receiving any of the above types of income during the off-season.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If claiming zero income during off-season, how will you meet financial obligations?		

signatures

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Manager Signature

Date