



HOUSING AUTHORITY OF BREVARD COUNTY

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

1401 Guava Avenue, Melbourne, FL 32935

Phone (321) 775-1592 <http://www.habc.us>

CHIEF
EXECUTIVE
OFFICER

Michael L. Bean

NO INCOME/NON-STUDENT AFFIDAVIT

Head of Household:

No Income/Non-Student Adult 1:

No Income/Non-Student Adult 2:

I, _____, have no income of any kind, do not receive any assistance, and do not attend school at this time.

Signature: _____ Date: _____

I, _____, have no income of any kind, do not receive any assistance, and do not attend school at this time.

Signature: _____ Date: _____

I, _____, certify that the above mentioned household members have no income of any kind, do not receive any assistance, and do not attend school at this time. I also understand that failure to report any income or household changes within 10 days may be considered Fraud, is punishable by law, and may result in loss of assistance.

HOH, _____: _____ Date: _____

HABC Witness: _____ Date: _____

Florida Law Chapter 409:325 F.S. makes it a crime to knowingly give false information to get into housing, to get a lower rent or to receive aid or benefits under any state or federally funded assistance program. Violation of this Law may result in up to five (5) years imprisonment and/or up to a \$5,000 fine.



Equal Housing-Equal Employment