

# YUROK INDIAN HOUSING AUTHORITY



15540 N. Hwy. 101, Klamath, CA · Mailing Address: P.O. Box 98 Klamath, CA 95548 · (707) 482-1506; (800) 281-4749

## VERIFICATION OF NO-INCOME

I, \_\_\_\_\_, hereby certify that currently I have zero income. I agree to notify the Yurok Indian Housing Authority within fourteen days upon any change of income.

List the name/source that provides for the following:

1. Housing: \_\_\_\_\_  
Street Address: \_\_\_\_\_
2. Food: \_\_\_\_\_
3. Utilities: \_\_\_\_\_
4. Medical: \_\_\_\_\_
5. Transportation: \_\_\_\_\_
6. Clothing: \_\_\_\_\_
7. Comments or further information regarding living and/or income status: \_\_\_\_\_  
\_\_\_\_\_

By signing this document, I certify that all information provided orally and on the application form is true to the best of my knowledge and acknowledge that such information is subject to verification. If a resident commits a program violation, the Yurok Indian Housing Authority will notify the applicant in writing and jointly develop a workout plan to correct the violations. If the violations are not corrected or it is determined that willful fraud has been committed termination from the program may result. If the applicant or household member refuses to enter into an agreement, or if the violation is continuous, the Yurok Indian Housing Authority may terminate the applicant from the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
YIHA Representative

\_\_\_\_\_  
Date