

**HILLSBOROUGH COUNTY FIRST TIME HOME BUYER UNEMPLOYMENT AFFIDAVIT**

This Affidavit is to be used to declare employment status for eligibility.

To Whom It May Concern:

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who states:

- 1. I have made application for down payment assistance from Hillsborough County, Florida (SHIP/HOME) and understand that eligibility is based on income for the coming 12 months.
- 2. Check (a) or (b) as applicable:

\_\_\_\_\_ (a) I am not presently employed and do not anticipate becoming employed within the next 12 months.

\_\_\_\_\_ (b) I am not presently employed, but anticipate becoming employed within the next 12 months. Based on my past work experience, skills and income history. I expect to earn \$\_\_\_\_\_ in the coming 12 months. I understand this amount will be used to determine my projected income and subsequently the level of assistance for which I may qualify.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT: 18 U.S.C. § 1010 provides, whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false, fictitious or fraudulent statements or representation or fraudulent statement or entry, shall be fined 18 U.S.C. Chapter 47 or imprisoned not more than two years or both.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

My Commission Expires: