SELF-CERTIFICATION OF NO INCOME

I, (your name) ________________________________, certify that I was not employed during the year 20____ and did not receive income from any of the following sources:

- Self-Employment Income
- Worker's Compensation
- Social Security Benefits
- Alimony or Separation Payments
- Retirement Payments
- Pensions or Annuity Income
- Disability Payments
- Unemployment Benefits
- Severance Pay
- Public Assistance Income
- Child Support Payments
- Military Compensation
- Rental Property Income
- Recurring Cash Contributions

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in __________________________ (city), ______________(state).

_____________________________________
Signature

_____________________________________
Printed Name

____________________
Date

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE _______ DAY OF ____________, 201____

_____________________________________
Notary Public Signature

My Commission Expires: ____________________

*** This document MUST be notarized and must contain a visible Notary’s Seal when submitted. ***

OFFICE USE ONLY

Received Date: ______ / ______ / ______

Received By: ____________________________________________

Rev 03/11/14