



COLLIER COUNTY ASSISTANCE PROGRAM

AFFIDAVIT OF NO INCOME - ERA

I _____ swear or affirm (declare to be true) that I am

_____ currently unemployed

_____ receiving no income of any kind

Under Penalty of perjury, I certify that the information presented in this certification 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 the processing of this application.

I understand that by signing below, I am subject to the provisions of Florida Statutes Chapter 817 Fraudulent Practices: whomever provides willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided in s. 775.082 and s. 775.083; 837.06 False official statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083; and 92.525 Verification of documents; perjury by false written declaration, penalty: A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

I understand that supporting documentation may be requested at any time to confirm the veracity of statements made, and failure to provide documentation will result in a denial of assistance.

Signature of Household Member

Printed Name of Household Member

Date