



ST. JOHNS COUNTY CDBG PROGRAM UNEMPLOYMENT AFFIDAVIT

Please complete this form if you or a household member is unemployed.

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 St. Johns County (CDBG) 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: U.S.C. Title 18.Sec. 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 no more than \$10,000 or imprisoned not more than five years or both.

Applicant

Date

Social Security Number

Acknowledged before me by means of _____ physical appearance or _____ online notarization this _____ day of _____, 2020, by _____ who _____ is personally known to me or _____ has produced as identification the following: _____ and who _____ did or _____ did not take an oath."

Notary Public
My Commission Expires: