# How to Complete Your Washington Affidavit of No Income

Affidavit of No Income

**INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.**

**About this form.** Housing programs, schools, financial aid offices, and benefit agencies may ask for a sworn statement that you have no income, or explaining how you are supported.

1. **Fill in the period and support (Page 1)**
   State the period with no income and how your living expenses are paid.
2. **Sign under oath before a notary**
   Do not sign ahead of time. Sign in front of the notary, who will place you under oath. Bring a current, government-issued photo ID.

## After It's Signed

- For use in another country, the notarized document may need an apostille from the Washington Secretary of State. We can handle this for you.

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**Washington-Commissioned Notaries**

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**Questions about this document? Talk to an attorney.** Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

# AFFIDAVIT OF NO INCOME

**Affiant:**

Full legal name | Date of birth (optional) | Telephone

Residence address (street, city, state, ZIP)

Before me, the undersigned notary, on this day personally appeared the affiant named above, who, being by me first duly sworn, upon oath stated:

1. During the following period I have received no income from employment, self-employment, or any other source, except as stated below:

From | To

Exceptions, if any (write "None")

2. My living expenses are currently paid as follows:

3. I understand that this affidavit is being given to the following agency or organization, which will rely on it:

Agency or organization

I swear (or affirm) under penalty of perjury that the facts stated in this affidavit are true and correct and within my personal knowledge.

Affiant's initials: _____



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Date

X

Signature of affiant

Printed name

**JURAT**

**STATE OF WASHINGTON )**
**COUNTY OF ) ss.**
**)**

Subscribed and sworn to (or affirmed) before me on

Date | by (name of affiant)

X

Notary Public

(Notary seal)

Notary's printed name

Title (Notary Public, State of Washington) | My commission expires



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