

# AFFIDAVIT OF PREGNANCY

(To Establish Household Eligibility)

Applicant/Tenant Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Project Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

## THIS FORM TO BE COMPLETED BY APPLICANT/TENANT

You have applied for (or currently reside in) a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. Provisions of this code require verification of all income and assets, as well as other claims of eligibility. Please complete the following:

1. I am adding my unborn child to this household in order to qualify for this unit (based on income limits and household size comparisons).  YES  NO

2. Anticipated date of birth: \_\_\_\_\_

3. I will bring to the office my child's birth certification and social security card once the documents have been received.  YES  NO

4. I am in the process of obtaining an agreement to receive child support once the baby is born.  YES  NO

If answering "NO", please explain why not: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. I currently receive support or maintenance income for my unborn child.  YES  NO

**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 a lease agreement.**

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

**NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**