



**HUD EMERGENCY HOMEOWNERS' LOAN PROGRAM –
EXEMPT FROM FEDERAL TAX RETURN FILING REQUIREMENT AFFIDAVIT**

NOTICE: Completion of this affidavit is a condition of participation in the Emergency Homeowners' Loan Program (EHLPP) for any Co-Applicant who was exempt from the Federal tax return filing requirement in the tax year used to determine the EHLPP Pre-Applicant's income (either pre-event or current income), and who did not file a tax return in that year. **Please read the Privacy Act Statement on page 2 before completing this affidavit.**

The Department of Housing and Urban Development is prohibited by statute, regulation, and/or program rules from providing EHLPP emergency assistance on behalf of any person who does not meet minimum program requirements. No person required to complete this affidavit shall be eligible to receive emergency assistance under the Emergency Homeowners' Loan Program who cannot certify to all of the statements included in this document.

Name of EHLPP Pre-Applicant: _____

Last Four (4) Digits of EHLPP Pre-Applicant Social Security Number: ***-**-_____

Name of Co-Applicant (completing this Affidavit): _____

Last Four (4) Digits of Co-Applicant's Social Security Number: ***-**-_____

I certify, under penalty of perjury, that I was exempt from the Federal Tax Return Filing Requirement in Tax Year (YYYY) _____. I further certify that I did not file a tax return in the year listed above.

By signing below, I understand that any false statement made in this affidavit, or otherwise made by me in connection with the application to participate in the EHLPP may result in fines or imprisonment of up to five (5) years, or both, under 18 U.S.C. § 1001, that I may also be subject to civil and/or administrative penalties or sanctions, and that HUD may pursue any available penalty, civil or criminal, to the fullest extent of the law.

By signing below, I certify, under penalty of perjury that, to the best of my knowledge and belief, the information I have provided in this affidavit is true, complete, and correct.

Signature of Co-Applicant

Date

Printed Name

PRIVACY ACT STATEMENT

Purpose: By signing this affidavit, you are authorizing HUD, directly or through its agents, to request income information from such sources necessary to verify your income, employment status and such other information necessary to ensure that you are eligible for the federal benefits to be derived under this program and that those benefits are set at the correct level.

Uses of Information to be Obtained: HUD is required to protect the income and employment information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes or unemployment/income verification purposes. Any persons engaging in unauthorized disclosures or improper uses of information obtained for the purposes described above may be subject to penalties.