

CITY OF EL CAJON
REDEVELOPMENT AND HOUSING DEPARTMENT
200 Civic Center Way
El Cajon, CA 92020
(619) 441-1710 FAX (619) 441-1595

(1) _____

Name of Applicant:

Name of Co-Applicant:

INCOME TAX AFFIDAVIT

To be completed only if applicant was not required by law to file income tax returns. _____, being first on his or hear oath, deposes and says:

- 1. I (We) hereby certify that I (we) was (were) not required by law to file a Federal Income Tax return for the following year(s) _____ for the reason(s) stated below:

- 2. I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for a City Loan. I (We) acknowledge that a material misstatement negligently made by me (us) in connection with an application for a City Loan will constitute a federal violation punishable by a fine, and a material misstatement fraudulently made in this Affidavit or in any other statement made by me (us) in connection with the application for a City Loan will constitute a federal violation punishable by a fine, revocation of the certificate and any other penalty imposed by law. In addition, any material misstatement or false statement which affects my (our) eligibility for a City Loan will result in a denial of my (our) application for a City Loan, or, if a City Loan has been issued prior to the discovery of the false statement, immediate revocation of the City Loan.
- 3. I (We) further acknowledge that if any information of certification I (we) provide contains a material misstatement, which is due to fraud, then a City Loan issued will automatically become due and payable to the City.
- 4. In addition, I (we) hereby acknowledge and understand that any false pretense, including any false statement or representation, or the fraudulent use of any instrument, facility, article, or other valuable thing or service pursuant to my (our) participation in any City of El Cajon Redevelopment and Housing Department program is punishable by imprisonment or by a fine.

(3)

DateSignatureSocial Security Number

DateSignatureSocial Security Number

State of California)
 } ss
County of _____)

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF , , NOTARY PUBLIC IN AND FOR THE COUNTY OF , STATE OF CALIFORNIA.

WITNESS my hand and official seal

Signature of Notary