



**HUD EMERGENCY HOMEOWNERS' LOAN PROGRAM –  
UNEMPLOYMENT AFFIDAVIT, EMPLOYER NO LONGER IN BUSINESS**

**NOTICE:** Completion of this Unemployment Affidavit is a condition of participation for all applicants in the Emergency Homeowners' Loan Program (EHLPP) whose previous employer is no longer in business. **Please read the Privacy Act Notice on page 2 of this affidavit before completing this Unemployment Affidavit.** If you wish to discuss the Privacy Act Statement prior to submission you may seek guidance from the Office of the HUD Privacy Officer at (202) 402-8047.

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 shall be eligible to receive emergency assistance under the Emergency Homeowners' Loan Program who cannot certify to any of the statements included in this document.

Name of Applicant: \_\_\_\_\_

Last Four (4) Digits of Social Security Number: \*\*\*-\*\*-\_\_\_\_\_

**I certify, under penalty of perjury, that I experienced a substantial loss of income resulting from my becoming unemployed, and that my unemployment was caused by adverse economic conditions, or my own medical emergency. I certify that I do not possess or have access to a letter from my previous employer notifying me of my unemployment because, to the best of my knowledge and belief, my employer is no longer in business.**

The name of my former employer was (please write legibly) (not valid if left blank):

\_\_\_\_\_

The month and year I became unemployed was (please write legibly) (not valid if left blank):

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**By signing below, I, the EHLPP Applicant, understand that any false statement made in this Unemployment Affidavit, or otherwise made in connection with my 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, the EHLPP Applicant, 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 Applicant

\_\_\_\_\_  
Date

"Public reporting burden for this collection of information is estimated to average .10 hour. This includes the time for collecting, reviewing, and reporting the data. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

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**PRIVACY ACT STATEMENT**

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Purpose: By signing this Unemployment 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.