CITY OF OAKLAND FAMILIES BUILDING WEALTH IDA PROGRAM

Income Affidavit

Listed below is the amount of income that I, and other members of my household, have earned in the last twelve months. Also listed are the respective employers, their addresses, and the dates of employment.

Household Member 1 Name: _____

Employer Name: _____

Employer Address: _____

Dates of Employment *(list month and year):* From: _____ to: _____

Total Gross Earnings for this Time Period: $_____

Household Member 2 Name: _____

Employer Name: _____

Employer Address: _____

Dates of Employment *(list month and year):* From: _____ to: _____

Total Gross Earnings for this Time Period: $_____

Household Member 3 Name: _____

Employer Name: _____

Employer Address: _____

Dates of Employment *(list month and year):* From: _____ to: _____

Total Gross Earnings for this Time Period: $_____

All information provided above (or attached if more space is needed) is to the best of my knowledge true as stated. As a City of Oakland Families Building Wealth IDA savings participant, I understand that if a program audit later shows that any of the information I have provided in this statement is false, I will be terminated from the City of Oakland IDA program and/or asked to repay any match funds already disbursed.

_____	_____	_____
Household Member # 1 Name	Signature	Date
_____	_____	_____
Household Member # 2 Name	Signature	Date
_____	_____	_____
Household Member # 3 Name	Signature	Date