



Norma J. Thomas
Executive Director
621 East Michigan Blvd
Michigan City, IN 46360
(219) 872-7287 Fax (219) 873-7700

NO INCOME STATEMENT

I, _____, do hereby swear and affirm that I have
no income to contribute to the household headed by _____,
residing at _____, Michigan City, Indiana 46360.

I swear and affirm that I will report all income I receive to the Michigan City Housing
Authority, immediately.

Signature

Date

STATE OF INDIANA
COUNTY OF LAPORTE

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____
20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

