

## **No Prior IDA Affidavit**

Must be signed by the Applicant

l,	, (the "Applicant") desire to participate in Indiana's
	ogram ("IDA Program") administered by the Indiana Housing and
Development Account ("IDA"), and th	-28-7(c) only one member of a household can establish an Individual nat if I or any other member of my household have previously opened eligible to participate in the IDA Program.
household member have previously	, (the "Applicant") certify that neither I <u>nor</u> any other opened an Individual Development Account and that I understand I will not be eligible to participate in the IDA program a second time.
information requested in this form	ant, any misrepresentation of information or failure to disclose n may disqualify me from participating in the IDA Program and/or aving to return any assistance that I received from IHCDA.
I certify under the penalties for perju Affidavit is true and accurate.	ry and fraud that the information provided above in this No Prior IDA
the jurisdiction of the executive, leganyone who knowingly and willfully: material fact; (2) makes any material makes or uses any false writing or do	e Statements," provides among other things, that in any matter within gislative, or judicial branch of the Government of the United States, (1) falsifies, conceals, or covers up by any trick, scheme, or device a ally false, fictitious, or fraudulent statement or representation; or (3) ocument knowing the same to contain any materially false, fictitious, or be fined under this title, and/or imprisoned for not longer than five (5)
Applicant Signature	 Date