

## DECLARATION OF ZERO INCOME

ALL HOUSEHOLD MEMBERS 18 OR OLDER (OR IF UNDER 18 AND QUALIFIED AS Head of household, or Spouse), with no income, must complete a separate certification.

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

Relationship to Applicant: \_\_\_\_\_

For Month(s) of \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:  
INITIAL'S required

- \_\_\_\_\_ Wages from employment (including commissions, tips, bonuses, fees, etc.)
  
- \_\_\_\_\_ Income resulting from occasional sources such as yard work, child care, collecting bottles/cans, donating blood and/or plasma, etc.
  
- \_\_\_\_\_ Income from operation of a business
  
- \_\_\_\_\_ Rental income from real or personal property
  
- \_\_\_\_\_ Interest or dividends from assets
  
- \_\_\_\_\_ Social Security pmts, annuities, ins policies, retirement funds, pensions, or death benefits
  
- \_\_\_\_\_ Unemployment or disability payments
  
- \_\_\_\_\_ Public cash assistance payments; TANF
  
- \_\_\_\_\_ Periodic allowances; alimony, child support, or gifts from persons not in my household
  
- \_\_\_\_\_ Sales from self-employed resources (Avon, Mary Kay, etc.)
  
- \_\_\_\_\_ Any other source not named above

2. Describe who paid or how basic needs were met for the period listed above (i.e. rent, groceries, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. Providing false, misleading or incomplete information may result in the termination of benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date