

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