



1850 45th Ave NE, Ste. 101, Salem OR 97305
Phone: (503) 588-9016
Fax: (503) 585-8462
Email: energy@mwvcaa.org

DECLARATION OF ZERO INCOME

All HOUSEHOLD MEMBERS 18 OR OLDER with no income, must complete a separate certification.

Name: _____ Applicant: _____

Relationship to Applicant: _____

For Month(s) of _____

1. I hereby certify that I did 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, childcare, collecting bottles/cans, donating blood and/or plasma, etc.
- _____ Income from operation of a business, sales (Avon, Mary Kay, etc.), deliveries (Uber, Instacart, etc.)
- _____ Rental income from real or personal property
- _____ Interest or dividends from assets
- _____ Social Security pmts including children, annuities, ins policies, retirement funds, pensions, or death benefits
- _____ Unemployment, disability payments, or Paid Leave Oregon
- _____ Public cash assistance payments; TANF
- _____ Periodic allowances; alimony, child support, or gifts from persons not in my household
- _____ Any other source not named above

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

3. When was the last time you received any income?

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