

ZERO INCOME STATEMENT

*For each individual household member age 18 or over who is unemployed and is not a full-time student.**

Head of Household / Applicant's Name _____

Applicant's Last Four of Social
Security # _____

Phone # _____

Address _____

City _____

State _____

ZIP _____

MEMBER STATEMENT

I, _____, Social Security # _____ - _____ - _____,

Age _____, Date of Birth _____, certify that I am a member of the household identified above and that, at the present time, I do not have income from any source(s).

The last time I received income was on (Date) _____, in the amount of \$_____.

Please indicate how you are currently meeting basic living expenses (check all that apply):

☐ Family/Friends ☐ Savings ☐ Public Assistance ☐ Housing Assistance ☐ Other:

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that false or misleading statements may affect my eligibility for assistance and may subject me to penalties under applicable law.

Zero Income Claimant Signature _____

Date _____

*All income for a head of household who is also a full-time student must be reported and counted as applicable.

NOTARIZATION IS REQUIRED

Sworn to and subscribed before me this _____ day of _____, 20_____.

County of _____, State of _____.

Notary Signature: _____

My Commission Expires: _____