



## SELF-DECLARATION OF ZERO INCOME

Applicant's Name: (please PRINT) \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

☐ I declare that I currently receive zero income from employment, TANF/POWER, self-employment, retirement benefits, unemployment insurance benefits, workers compensation benefits, child support, social security, alimony, per capita benefits, VA benefits, or any other source(s) of income.

Explain how you are paying for your household needs below (do **NOT** list dollar amounts): For example: Rent/Mortgage, Food, Utilities, Transportation, Phone, and Household Necessities. If money is received from others, please include a letter from the person(s) stating frequency and amount.

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I am taking the following actions to improve my current financial situation:

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| <input type="checkbox"/> Applied for or receiving SNAP | <input type="checkbox"/> Applied for or receiving TANF/POWER |
| <input type="checkbox"/> Budget/Financial Counseling   | <input type="checkbox"/> Registered with Workforce Services  |
| <input type="checkbox"/> Reduced monthly expenses      | <input type="checkbox"/> Implemented Household Budget        |
| <input type="checkbox"/> Reduced Energy Consumption    | <input type="checkbox"/> Applied for Unemployment Benefits   |
| <input type="checkbox"/> Other (Explain) _____         |  |

**By my signature on this form, I swear/affirm that all information contained in the application and this form is true, correct, and complete, to the best of my ability, knowledge, and belief.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_