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: 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.

_____

_____

_____

_____

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

☐ Applied for or receiving SNAP

☐ Applied for or receiving TANF/POWER

☐ Budget/Financial Counseling

☐ Registered with Workforce Services

☐ Reduced monthly expenses

☐ Implemented Household Budget

☐ Reduced Energy Consumption

☐ Applied for Unemployment Benefits

☐ 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:_____