

Zero Income Form

To Client: Have an individual who knows your situation well, does not live with you, and is not related to you complete this form to verify you have no income.

To the Individual: Complete this form if you can certify the individual's income situation.

*I certify to the best of my knowledge and belief that _____
has had or will have no income from any source during the following month(s):
_____, _____, and _____.*

Warning: Any person who aids another person in obtaining assistance (or benefits) fraudulently is subject to penalties provided by state and federal law including fines, imprisonment, or both.

I certify that the information contained in this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Return to _____ (Worker)

Agency _____

Address _____

Zero Income Household NOT Receiving Food Stamps Self-Declaration and Referral Form

(Identify your expenses for the past 3 months)

Fixed Expenses: Expenses that require the same amount of money each month. They are generally due on the same day each month. Although the payment may change from time to time, most remain the same for a fixed period of time.

Payment	Last Day Due	Last Paid	How Paid	Overdue Amount	Payment
Rent					
Mortgage					
Car Payment					
Car Insurance					
Child Care					
Credit Card					
Cable TV					
Garbage					

Variable Expenses: Some expenses change from month to month. Some like telephone, water and utility bills are due on the same day each month. Other expenses are not due on a particular date. Please list an average amount, per month, for the past three months.

Payment	Last Day Due	Last Paid	How Paid	Overdue Amount
Electricity				
Other Fuel				
Water				
Telephone				
Food				
Transportation				
Medical				
Other				
Total				

By my signature, I am indicating that our household had zero income for the previous month. I understand that misrepresentation of the information on this form constitutes fraud and I will be subject to prosecution.

Consumer Signature

Date

Referrals made by CAA:

Agency Representative

Date