

## *Zero Income Form*

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**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 \_\_\_\_\_