



SELF DECLARATION OF ZERO INCOME

Applicant's Name: _____ (please PRINT)

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.

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: _____