

CLAIM OF ZERO INCOME IN HOUSEHOLD

May be completed and signed by the applicant whose household has had no income for the past 30 days.

I, _____, state that no member of
Your name
my household has received any source of income during the past 30 days.

Our household has been without income since _____
Date

I hope and expect to receive some income on or about _____
Date
from _____
List source of expected income.

During the above period, how did your household meet their needs for:

Food: _____

Shelter: _____

Living Expenses: _____

I affirm that the information provided is complete and truthful to the best of my knowledge.

Applicant's Signature: _____ Date: _____