



DECLARATION STATEMENT OF NO INCOME

**Each person in the household 18 years or older with no income must complete their own form.*

I _____, do hereby declare that I have not received any
(First Name) (Last Name)
Income for the month(s) or pay date(s) of:

This application is signed in the month of _____

Looking at the chart below, write in any or all of the three months before the month the application was signed where you had no income or were not paid by your employer.

| | | | |
|-----------------|-----------------------------|------------------|------------------------------|
| January | October, November, December | July | April, May, June |
| February | November, December, January | August | May, June, July |
| March | December, January, February | September | June, July, August |
| April | January, February, March | October | July, August, September |
| May | February, March, April | November | August, September, October |
| June | March, April, May | December | September, October, November |

1. _____ 2. _____ 3. _____

You must fill out this form completely or your application may not be accepted.

The reason that I have had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter, and utilities in the following way:

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution. If I knowingly give false information, which results in assistance I may be denied future services.

Signature: _____

Date: _____

Agency Representative: _____

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