

## DECLARATION OF NO INCOME

I, \_\_\_\_\_, do hereby declare that I have not received any income for the month(s) of:

1. \_\_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_

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:

Food:		 	
Shelter:	 	 	
Utilities:			

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 received for which I am not eligible.

Applicant Signature: _	Date:	
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