

STATEMENT OF ZERO INCOME

Program Reporting Requirements:

- If an adult in the household has no income at the time of a household's recertification, or when reporting a decrease in income, the *Statement of Zero Income* must be completed.

Instructions:

- Use this form to explain how the person with zero income is taking care of their basic needs.
- The head of household and adult reporting zero income must sign and date this form.

Head of Household Name (please print) _____

Adult Family Member Reporting Zero/No Income _____

CURRENT INCOME *completed by adult reporting zero income*

Do you:

- work full-time, part-time, or seasonally Yes No
- work for someone who pays you cash for day labor Yes No
- own or operate a business Yes No

Do you receive or expect to receive:

- Unemployment Benefits Yes No
- Social Security Benefits (SSB) Yes No
- Social Security Disability (SSD) Yes No
- Supplemental Security Income (SSI) Yes No
- Temporary Assistance to Needy Families (TANF) or General Assistance (GA) Yes No
- Child support or alimony Yes No
- Utility assistance Yes No
- Supplemental Nutrition Assistance Program (SNAP) Yes No

Do you receive:

- Military pay or Veteran's Benefits Yes No
- Worker's Compensation or other disability pay Yes No
- regular income from a pension/annuity/retirement account Yes No
- income from assets: checking/savings account interest, certificates of deposit,
stocks/bonds, or income from rental property Yes No
- regular income from a trust fund Yes No
- financial aid for college or trade school Yes No
- regular contributions from anyone or is a bill paid for you regularly by someone else Yes No
- regular income from recycling bottles/cans, scrap metal, etc. Yes No
- regular income from selling plasma (blood) Yes No

Do you:

- receive any regular income not listed above Yes No

Have you received a lump-sum payment (SS back pay, lawsuit settlement, inheritance, etc.) Yes No

If you answered **yes** to any of the questions above, please explain:

HOUSEHOLD EXPENSES *completed by adult reporting zero income*

Please list in table below the household expenses **you** pay each month. If no payment is made, please write "None" or put a zero. Please do not leave any item blank.

Rent: \$	Telephone: \$	Child Care: \$
Electric: \$	Cable TV: \$	Medical: \$
Gas: \$	Car Fuel/Maint: \$	Credit Card Payment: \$
Oil: \$	Car Payment: \$	Loan Payment: \$
Water/Sewer: \$	Car Insurance: \$	Rentals: \$
Garbage: \$	Other Insurance: \$	Other: \$
Food: \$	Personal Items: \$	Other: \$

BANK ACCOUNTS *completed by adult reporting zero income*

Do you have a bank or credit union account? Yes No

Bank Name _____ Account Balance _____

Bank Name _____ Account Balance _____

PERSONAL STATEMENT *completed by adult reporting zero income*

Please explain how you are providing for your needs at this current time, for example, someone else in the household is providing for you, you receive SNAP and utility assistance, you receive donations from a church or service agency, etc.:

LAST PLACE OF EMPLOYMENT *completed by adult reporting zero income*

Employer Name: _____

Employer Address: _____

Phone: _____ Employed From: _____ to _____

IMPORTANT: If the person reporting zero income receives any new income, the new income must be reported by turning in a completed *Household Income Increase* packet to Home Forward within 10 working days of the change in income.

CERTIFICATION

I/We do hereby swear and attest that all of the information reported on this form is true and complete. I/We understand that Home Forward is required to verify the information that I/we have reported. I/We understand that any misrepresentation or failure to disclose information may be grounds for termination of assistance and may be punishable under Federal law.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household

Date

Signature of Adult Reporting Zero Income

Date