



PROOF OF NO INCOME

Name: _____

Date issued: _____

To applicant:

Have an individual who knows your situation well and does not live with you and is not related to you complete this form to verify you have no income.

To the individual verifying no income:

Complete this form if you can certify the applicant's income situation.

I certify that to the best of my knowledge and belief _____
had no income from any source during the previous month: _____.

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment or both.

I certify that the information contained in this form is true and correct to the best of my knowledge.

Signature _____

Print name here _____

Date _____

Phone _____

Address _____

City _____

State _____ Zip _____

Return to _____, Worker

Address _____

City _____ State _____ Zip _____

Telephone number (____) _____ - _____