



No/Low Income Declaration Form

I, _____ (name), declare that I have no/low income because _____.

Your current situation today:

Are you currently working? YES NO
Name of Current Employer _____ Date Unemployed _____
Start Date _____ Name of Last Employer _____

Receiving Disability Payment? YES NO
Applied for Unemployment?¹² YES NO
Benefits Pending? YES NO
Unemployment Ended YES NO Date ended _____

Receiving City Welfare?¹³ YES NO
Receiving State Welfare/Cash?¹⁴ YES NO
Receiving Food Stamps? YES NO

Spouse left? YES NO Date _____ Address _____
Receiving Child Support? YES NO
Paying Child Support? YES NO

Eviction/Overdue Rent?¹⁵ YES NO
Overdue Mortgage?¹⁶ YES NO
Utility Disconnect?¹⁷ YES NO Disconnect Notice Date _____

Help from Family/Friend outside of home? YES NO
Living off previously saved monies or credit card?¹⁹ YES NO
Other help (churches etc.)? YES NO

If Yes, please explain: _____

Please explain how you have paid for the following during the last 30 days. Documentation of this may be required.

Food: _____

Rent / Mortgage: \$____.____ / _____

Heat: _____

Electric: _____

I have given a true and complete statement of facts necessary to allow determination of eligibility.

I understand that if I knowingly give inaccurate or incomplete information about my household, I am breaking the law and can be prosecuted for fraud, conviction resulting in possible imprisonment and /or fine.

YOUR SIGNATURE: _____

DATE: _____

PRINT NAME: _____