



**NO/LOW INCOME DECLARATION FORM**

**TO BE FILLED OUT BY PERSON WITH NO OR LOW INCOME**

I (Legal name) \_\_\_\_\_ declare that I have no/low income because (reason you have no income) \_\_\_\_\_

**Your current situation today:**

**IF YES, Documentation Needed:**

Are you Currently Working? Yes \_\_\_ No \_\_\_

**Last day worked** \_\_\_\_\_

Name of Last Employer \_\_\_\_\_

Name of Current Employer \_\_\_\_\_

Receiving Disability Payment? Yes \_\_\_ No \_\_\_

Applied for Unemployment? Yes \_\_\_ No \_\_\_

Benefits Pending? Yes \_\_\_ No \_\_\_

Has Unemployment Ended? Yes \_\_\_ No \_\_\_

Received City Welfare assistance? Yes \_\_\_ No \_\_\_

Receiving State DHHS Cash? Yes \_\_\_ No \_\_\_

Receiving Food Stamps? Yes \_\_\_ No \_\_\_

Receiving Child Support? Yes \_\_\_ No \_\_\_

Paying Child Support? Yes \_\_\_ No \_\_\_

Do you have an

Eviction/Overdue Rent? Yes \_\_\_ No \_\_\_

Is your Mortgage Past due? Yes \_\_\_ No \_\_\_

Do you have a Utility Disconnect? Yes \_\_\_ No \_\_\_

Receiving Help from a Family/Friend

(That does **not** live in the home) Yes \_\_\_ No \_\_\_

Are you living off Savings, Checking,

Credit Card(s)? Yes \_\_\_ No \_\_\_

Other help (organizations, etc.)? Yes \_\_\_ No \_\_\_

Employment Release Form (if employment ended within last 8 weeks)

Date Job started \_\_\_\_\_

Proof of disability payments (STD,LTD, SSDI, SSI)

NHES form if unemployed for 1 year or less

Date ended \_\_\_\_\_

Letter from City Welfare

Decision Letter (all pages)

Decision Letter (all pages)

Proof of Amount Received

Proof of Amount Paid

Eviction notice /Demand for Rent

Mortgage Statement

Disconnect Notice & Date \_\_\_\_\_

Letter of Assistance Form

Proof of Savings/Checking/Credit Card

(MUST show account holders name)

Explain in comment section below

**Please explain how you have paid for the following expenses during the last 30 days.**

**Documentation of this may be needed.**

**Food:** \_\_\_\_\_

**Rent/Mtg amt: \$** \_\_\_\_\_ / \_\_\_\_\_

**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.**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Client Printed Name**

\_\_\_\_\_  
**Date**