

ZERO INCOME FORM

This form must be **completed** and **signed** by:
All household members that are 18+ years old and have no income.

Name: _____

Birth date: _____

Income is defined, but not limited to the following:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Sale of products or services
- Rental income from a real estate or personal property
- Interest or dividends from assets
- Sales from any self-employment resource
- Social Security income, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Periodic payments such as alimony, child support, or monetary gifts received from persons not living in the household

1) Reason for Zero Income/not working:

2) How do you pay for your basic needs (shelter, clothing, utilities, personal items, etc.)?

I state that I am not currently working or have any source of income listed above.

Signature of Household member

Date