

Zero Income Statement

This form must be completed and signed by the applicant that has little or no income

Name:	Birth Date:	
Social Security Number:		
Have you had any income in the last 90 days? Yes□	No□	
If yes, please complete:		
Dates Worked:		
How was income obtained?		
How much was income?		
Shelter/Food/Utilities		
Please describe how you are meeting your needs above.		
Print Name		
Signature		
	Data	