



### DECLARATION OF NO INCOME

I, \_\_\_\_\_, do hereby certify that I do **NOT** receive income from **ANY** source. I understand sources of income include, **but are not limited to**, the following:

**Initial The Income Type I Do NOT Have**

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|---|---|
| <input type="checkbox"/> Employment by Other(s)                       | <input type="checkbox"/> Retirement Funds               |
| <input type="checkbox"/> Reemployment Compensation                    | <input type="checkbox"/> Alimony                        |
| <input type="checkbox"/> Social Security Benefits                     | <input type="checkbox"/> Income from Assets             |
| <input type="checkbox"/> Worker's Compensation                        | <input type="checkbox"/> Pensions                       |
| <input type="checkbox"/> Child Support                                | <input type="checkbox"/> Public Assistance (Foodstamps) |
| <input type="checkbox"/> Education Grants/Work-Study                  | <input type="checkbox"/> Public Assistance (Medicaid)   |
| <input type="checkbox"/> Self-Employment                              | <input type="checkbox"/> Disability                     |
| <input type="checkbox"/> Relative/Non-Relative Caregiver's Assistance | <input type="checkbox"/> Union Benefits                 |
| <input type="checkbox"/> Temporary Cash Assistance                    | <input type="checkbox"/> Family Support                 |
| <input type="checkbox"/> SSI  | <input type="checkbox"/> Annuities                      |

Additional comments/explanation:

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**To be signed by Client in the presence of a Notary:**

I certify that the information provided above is true and complete to the best of my knowledge. I am aware that if I knowingly provide false information, I will be reported to the Department of Law Enforcement Division of Public Assistance Fraud.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Notary:</b></p> <p>Subscribed and sworn to, before me this _____ day of _____, 20____.</p> <p>My commission expires: _____ County of: _____</p> <p>Signature of Notary: _____</p>
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