



## **DECLARATION OF NO INCOME**

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*Name of person claiming no income*

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*Address of person claiming no income*

I \_\_\_\_\_ have personal knowledge that \_\_\_\_\_  
(Name of person certifying no income) (Name of person claiming no income)  
is not currently receiving any income.

Please check the boxes below that apply:

- ☐ The person above claiming no income is currently living with me
- ☐ I am assisting the person above claiming no income with basic needs and a place to live until he/she is able to receive income.
- ☐ The person above claiming no income is not married and/or no members of his/her household are receiving income
- ☐ Other

**By signing this, you are certifying that the statements are true based upon your personal knowledge. Falsified information could disqualify the person from receiving services from this agency.**

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Print name of person certifying this statement

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Phone number of person certifying statement

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Address of person certifying statement

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Signature of person certifying statement

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Relationship to person claiming no income