

Certification of Zero Income

Instructions

Required family members for determining income include the Head of Household (HoH), HoH's spouse or the second parent in a two-parent household. This form is to be completed by the required family members who are claiming zero income from any source.

Certification

I, _____ (family member name), hereby certify that I do not individually receive income from any of the following sources:

- Adoption Subsidy payments
- Alimony payments
- Annuities
- Money obtained from Blood Plasma sale
- Boarding Home Income
- Employment Bonus
- Money obtained from collecting and refunding or selling bottles or cans
- Child Support Income for voluntary or court-ordered child support payments
- Disability Insurance Payments (private)
- Income from Employment including paid internships, self-employment, military pay, seasonal employment and work study
- Pensions, Retirement Income, or Railroad Retirement Income
- Income from rental properties
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Strike Benefits
- Trust Payment
- Unemployment Insurance Benefits
- Veterans Payments such as VA Service-Connected Disability Pension and VA Non-Service-Connected Disability Pension
- Workers' Compensation

I certify that the information presented in this certification is true and accurate to the best of my knowledge. False, misleading or incomplete information may result in the termination of services.

Family Member Signature:	Date:
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