

## DECLARATION OF NO INCOME

Client Name: \_\_\_\_\_ Had no income for:

\_\_\_\_\_ Month, Year                      \_\_\_\_\_ Month, Year                      \_\_\_\_\_ Month, Year

**I have not receive income from any of these sources:**

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from a business I own
- Rental income from the place I live or other property I own
- Interest of dividends from assets
- Social Security payments (Ex: SSA, SSI), annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Public assistance payments (Ex: TANF, State Supplemental, HEN, ABD)
- Child support, alimony or gifts received from persons not living in my household
- Any other source not named above

**Please explain how you (or your family) have paid for all of your living expenses when your household has had no income or not enough income. If you have not been able to pay for some or all of your expenses, please write this.**

**THIS MUST BE FILLED OUT:**

**Food:** \_\_\_\_\_

**Utilities:** \_\_\_\_\_

**Housing:** \_\_\_\_\_

I certify that the information contained in this Declaration of No-Income is complete and accurate to the best of my knowledge. I understand that I am signing this Declaration **under penalty of criminal prosecution** if I knowingly provide false information which results in assistance for which I am not eligible.

Client Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**STAFF USE ONLY:**

- Verified on DSHS BVS that no income is reported for this client.
- DSHS report attached
- If not, why? \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

File # \_\_\_\_\_ Primary Applicant Name on File \_\_\_\_\_