



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

Date: _____