



Zero Income Affidavit

By my signature, I am certifying that my household has **ZERO** income for **the month prior to my appointment date** of _____. This includes both the earned (wages, salaries, tips, etc.) and the unearned income (pensions, Social Security, SSI, unemployment, child support, k-tap, VA benefits, etc.) of **ALL** household members other than minors and adult children still in high school.

I understand that intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts may subject me to civil or criminal prosecution under state and federal law.

Name (**Please Print**)

Date

Signature

Address

Telephone (Work) (Home)

City Zip

Witness Signature

Date