

STATEMENT OF LOST OR ZERO INCOME

Date: _____

I, _____, do hereby state that I am not presently receiving any type of income.

Income is defined as follows:

- 1) Gross amount of wages, salaries, overtime pay, commissions, fees, tips, and bonuses;
- 2) Net income from operation of business profession or from rental or real or personal property;
- 3) Interest, dividends and other net income of any kind for real and personal property;
- 4) Full amount of periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts; including a lump sum payment for the delayed start of a periodic payment;
- 5) Payments in lieu of earnings, such as unemployment and disability compensation, workmen's compensation and severance pay;
- 6) Public assistance;
- 7) Alimony and child support payments;
- 8) Regular pay, special pay and allowances of a member of the Armed Forces (head of family or spouse, whether or not living in the dwelling; and
- 9) contributions of gifts, including rent and utility payments made on behalf of a household, and other cash and non-cash contributions provided on a regular basis.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State laws and may result in prosecution and repayment of assistance.

I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. BY COMPLETING AND SUBMITTING THIS FORM I ACKNOWLEDGE THAT MY TYPED NAME SHALL HAVE THE SAME LEGAL VALIDITY AND ENFORCEABILITY AS A MANUALLY EXECUTED SIGNATURE TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.

NAME: _____

NAME: _____