

MAP ID: _____

HOUSEHOLD ID: _____

Zero Income Statement

None of the adults on my application have received income in the last 30 days.

Applicant name: _____

Name of the second adult on my application (Leave this blank if there is no second adult listed on the application):

Check the box that best describes how you are supporting your household.

My household is currently experiencing homelessness.

The person below is paying for my housing, bills, and food.

First and last name of the person: _____

Phone number: _____

I am using savings/credit cards/the assistance of other agencies to support my household until my household can earn income again.

Other: _____

I certify that the individuals listed above are not receiving Social Security, unemployment, or retirement income and the individuals listed above have received zero income (\$0) in the last 30 days.

Applicant signature: _____ Date: _____

If you are unable to print this form, you can write the information on a piece of paper, sign and date it. There are examples of hand-written statements on our website at CentralHealth.net.

