

SUWANNEE RIVER ECONOMIC COUNCIL, INC.

SELF-DECLARATION - ZERO INCOME

(To be completed by each adult household member declaring zero income)

Purpose: After all avenues of documenting zero income are exhausted, a signed Self-Declaration of Zero Income is permissible to use for all household members eighteen (18) years and older self-declaring zero income. The household member must review, complete and sign the Self-Declaration of Zero Income for declaring zero income. Income is defined as monies received by adult household members, within the past 30-day period of the application date.

Household Member Name: _____

Primary Address: _____

I do hereby certify that I do not receive income from the following sources:

- Wages Self-Employment Income Contract Income Commissions Training stipends
- Rental Income, Payments from mortgage or sales contracts
- Strike Pay
- Social Security benefits (including Medicare deduction)
- Retirement/pension benefits
- General Assistance benefits
- One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
- Income from employment through Workforce Investment Act (WIA)
- Income from work study programs
- Alimony, Child Support
- Interest, dividends, or royalties
- Insurance payments made directly to the insured
- Veterans Administration (VA) benefits
- Stipends from senior companion programs, such as VISTA
- Net gambling or lottery winnings
- Periodic receipts from estates or trusts
- Payments to foster children age 18 or older received through the Independent Living Program
- Social Security benefit garnishes for non-payment of school loans.

I certify that the information above is correct. Falsifying and/or withholding income information is a federal offense and I can be convicted to a fine of \$10,000 or imprisonment for no more than five years or both.

Signature of Household Member: _____

Date: _____

For Agency Use Only:

Case Manager Name: _____

Verification of Statement Conducted Via: **Phone** or **In-Person** (*circle one*)

Verification Date/Time: _____