



Nooksack Social Services  
5061 Deming Road  
PO Box 157  
Deming, WA 98244  
360.592.0135  
360.306.5099 Fax

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## ZERO INCOME STATEMENT

The Nooksack Social Services Department must have all necessary information from you in order to evaluate your household needs. Your eligibility must be certified for any assistance program.

Name (Please print clearly): \_\_\_\_\_

Address: \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you pay rent?      Yes      No      If yes, how is it paid? \_\_\_\_\_

How do you pay for utility bills? \_\_\_\_\_  
\_\_\_\_\_

Do you perform odd jobs or do occasional work?      Yes      No

If yes, for you? \_\_\_\_\_

Do you receive money from friends or family members?      Yes      No

How are your other expenses paid? (Gas, Vehicle, Clothes, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**It is your responsibility to claim and report any income or money that you receive from a job or assistance from a friend or family members. Not doing so will terminate your standing case or make you ineligible for future assistance from the Social Services Department**