



Zero Income Statement

Client Name: _____

Address: _____

Phone: _____ Message Ph: _____

Emergency Contact: _____ Phone: _____

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, please provide additional information/description? _____

Are you receiving money/assistance from friends or family? Yes No

How are other expenses paid for? (Gas, Vehicle, Clothes, etc.)

Signature of Applicant

Date

Authorized Signature

Date

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