

ZERO INCOME VERIFICATION

NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____

I HEREBY CERTIFY THAT I DID NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. Wages from any type of employment (including commission and fees).
2. Income from the operation of a business (self employment – taxi driving, Avon, Mary Kay, etc.)
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment
7. Public Assistance [MN Family Investment Program (MFIP), General Assistance (GA), MN Supplemental Assistance (MSA), ect.]
8. Alimony or Child Support
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
10. Regular monthly cash contributions from an outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

PRINT NAME

SIGNATURE

DATE

PHONE NO.

WARNING:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

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