Affidavit of No Income For Applicant

Agency Na	me:	
Client Nan	ne:	
Client Add	lress:	
City, Zip:		
it is my res	at I do not receive earned income, benefits or dividends of any kind. I ponsibility to provide information concerning any income received by is information must be reported promptly to a representative of the	y my household
Assistance 1	Program.	
	Name of the Applicant	
•	Signature	
	Date of Signature	
Notarize:		

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARMTENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.