ZERO INCOME STATEMENT

Date _____

Last/First Name_____Date of Birth_____

1. I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from (please describe):

   _____

   _____

   Did you file a Federal Income Tax Return in the past 2 years? (circle one)

   No Yes

   If yes, submit a copy of your most recent Federal Income Tax Return.

2. I agree to notify the above provider about changes in my income within 30 days of the change.

3. I agree to apply for assistance from the Michigan Works program and from the State of Michigan Department of Human Services (DHS) as soon as possible.

4. I agree to give a copy of my determination letter from the DHS to the provider for my file as soon as possible after I receive it.

5. I understand that by completing, signing, and dating this form, I declare I have no household income and that the information I am providing is correct. I understand that providing false information may result in denial of services.

Signature_____