

## Zero Income Affidavit

**This affidavit is to be signed by any individual who is 18 years of age and over who claims on the application to have no income.**

Household Member Name(s): \_\_\_\_\_

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

I hereby certify that I do not receive income from any of the following sources:

- a. Wages from employment (including tips, commissions, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social security payments, pensions, annuities, retirement funds, insurance policies, or death benefits;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, or gifts received;
- h. Sales from self-employment;
- i. Any other source not named above.

I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Each household member 18 years and older who has no income needs to fill out this form\*\***

## Self-Employment Affidavit

**This affidavit is to be signed by any individual who is 18 years of age and over who claims on the application to be self-employed.**

I am self-employed in the business of: \_\_\_\_\_

I have been self-employed in this manner since: \_\_\_\_/\_\_\_\_/\_\_\_\_

To the best of my knowledge, I estimate to earn \$\_\_\_\_\_ in the next 30 days.

**Estimated earnings is supported by:**

- ☐ accountant's/bookkeeper's statement    ☐ business receipts/check stubs  
☐ schedule C and profit and loss statement    ☐ other : \_\_\_\_\_

If none of the above is available, please state the reason why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_