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# Self-Declaration of No Income Form

## Personal Information

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

## Contact Information

Phone Number: \_\_\_\_\_

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

## No Income Declaration

I, \_\_\_\_\_ [Full Name], hereby declare that I am currently not receiving income from any of the following sources:

- Employment (full-time, part-time, seasonal, or occasional)
- Self-employment
- Unemployment benefits
- Social Security benefits
- Disability benefits
- Retirement or pension funds

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- Investments (interest, dividends, etc.)
  - Rental property income
  - Support from family or friends
  - Any other source of income

**Reason for No Income Status (optional):**

### **Acknowledgment and Signature**

I understand that this declaration of no income is to be used for the purpose of applying for or maintaining eligibility for benefits and services where income criteria are part of the eligibility requirements. I affirm that the information provided in this form is true and accurate to the best of my knowledge. I am aware that providing false information may lead to consequences including, but not limited to, denial of benefits, repayment of received benefits, and/or legal action.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature (if required):** \_\_\_\_\_

**Witness Name (print):** \_\_\_\_\_

**Date:** \_\_\_\_\_