



Development Services  
**SELF-DECLARATION OF ZERO INCOME**  
(To be completed by the applicant)

Date \_\_\_\_\_

I, \_\_\_\_\_ certify that the following household members 18 years or older have zero income

Applicant Name \_\_\_\_\_

Name \_\_\_\_\_ Last worked on \_\_\_\_\_

Note:

All household members claiming zero income, even when someone in the home has income, must be listed on this form.

Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in connection with this application may be subject to repayment of funds, disqualification from the program, and criminal penalties under federal law, including fines and imprisonment pursuant to 18 U.S.C. § 1001.”

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_