

# VERIFICATION OF NO INCOME FORM

(Only fill in sections that are applicable)

## **Relative or Friend (all information is required)**

I, \_\_\_\_\_, certify that \_\_\_\_\_ is currently unemployed and is not receiving any type of monetary income at this time. I have been supporting him/her beginning (date) \_\_\_\_\_ and providing him/her the following:

- Paying for room and board outside of my home  
Send a copy of the rent receipt and show how much given for food. \$ \_\_\_\_\_
- Providing **free** room and board in my home.
- Providing monies for room and board in the amount of \$ \_\_\_\_\_.  
Check one: \_\_\_\_ Weekly    \_\_\_\_ Bi-weekly    \_\_\_\_ Monthly
- Other, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Print): \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **Applicant (Must include a copy of your Social Security Card)**

- I receive the following assistance (check all that applies and send verification documents):
  - RAP     Section 8     TEMHA     Food Stamps     Unemployment
- I have never been employed.
- Not presently employed  
Last place of employment (if within 6 months): \_\_\_\_\_  
Last date of employment: \_\_\_\_\_  
To verify, you may call \_\_\_\_\_ at \_\_\_\_\_

## **Shelter or Agency**

I, \_\_\_\_\_, certify that \_\_\_\_\_ resides at (facility's name) \_\_\_\_\_ for a period of:

- less than 6 months     6-11 months     1 year or more

The resident has no income and services that are being provided at this facility include food and shelter.

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

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