



Self-Declaration for zero income or missing required documentation

Only complete if you have no source of income or are missing any of the required documentation. **Please Check ALL that apply:**

I _____ do hereby declare under penalty of perjury, that I have received no income from any source.

I have had **no source** of Income.

- 30-days
- 60-days
- 90-days

Regarding my employment (*check all that apply*)

- I have been unemployed during that time during the time referenced above
- I was employed, but lost my job due to COVID 19

Please describe how you have been able to maintain your basic necessities:

Applicant (Printed Name)

Date

Signature

Witness (Printed Name)

Signature Date