

(Agency Name)

Self-Declaration of Zero Income

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I \_\_\_\_\_ certify that the following household members 18  
(Printed Applicant Name)

years or older have zero income:

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

Name: \_\_\_\_\_ claim zero income within 30 days from the application date listed above.

**Note: All household members self-declaring zero income, even when someone in the home has income, will need to be listed on this form. Current employment separation letters must be attached to this signed form.**

**I certify that the information above is correct. Falsifying and/or withholding income information is a federal offense and I can be convicted to a fine of \$10,000 or imprisonment for no more than five years or both under the state of Tennessee Laws.**

Signature of Applicant: \_\_\_\_\_

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