



Utah Community Action™

Committed to Ending Poverty

Client's Name: _____

Client ID#: _____

ZERO INCOME STATEMENT

This form has been created to meet eligibility guidelines, so that your household may receive services by qualify for certain programs. This statement certifies that you have no income whatsoever from any source. Your signature below makes this a legal declaration.

My household has no income, due to the following reasons/circumstances:

- Lack of work
- Homelessness
- Domestic Violence
- Separation from main financial provider
- Other _____

How are your immediate expenses being met:

- Used Savings
- Student Loans
- Borrowed money
- Tax refunds
- Didn't pay any bills
- Other _____

Do you receive child support payments? Yes No

Are you being financially supported by another person? Yes No

I understand that this information is requested to determine eligibility for services that are paid for with Community Services Block Grant (CSBG) funds and that intentionally giving misleading, inaccurate, or untruthful information may result in services provided by Utah Community Action (UCA) being terminated.

I understand that I may be contacted if additional information is needed to verify my income and that a "Third Party Verification" may be needed if friends and/or relatives have been providing financial support.

I certify that the information given above is true and complete to the best of my knowledge.

Signature

Date