

(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.

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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: _____