



COMPLETE ONLY IF YOU DO NOT HAVE ANY INCOME*

Bay County ARPA Household Assistance Program

ZERO INCOME VERIFICATION

***Complete this for only if you DO NOT receive ANY income.**

Name:		
Address:	City:	State and Zip Code:

I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. Wages from any type of employment (including commission and fees).
2. Income from the operation of a business. (Self-employment – Avon, MaryKay, etc.)
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment.
7. Public Assistance (MN Family Investment Program, General Assistance, MN Supplemental Assistance).
8. Alimony or Child Support
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
10. Regular monthly cash contributions from outside sources.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

Print Name

Signature

Date