

Multi-Purpose Community Action Agency

ZERO INCOME FORM

Info for Client:

Have an individual who knows your situation well and does not live with you and is not related to you complete this form to verify you have no income.

To the individual certifying the no income:

Complete this form if you can certify the individual's income situation.

I certify that to the best of my knowledge and belief that _____

(client name here)

has/had no income from any sources during the following month _____ (previous month prior to applying for assistance)

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment or both.

I certify that the information contained in this form is true and correct to the best of my knowledge.

Signature _____

Print name here

Date _____

Phone _____

Address _____

City _____

State _____ Zip _____

Please bring this form with you to your local office.

Bullitt County
214 Frank E Simon
Shepherdsville KY 40165
502-543-4077

Shelby County
207 Washington St
Shelbyville KY 40065
502-633-2218

Spencer County
44 Creekside Drive
Taylorsville KY 40071
502-477-8296