

MAP ID: \_\_\_\_\_

HOUSEHOLD ID: \_\_\_\_\_

# Zero Income Statement

None of the adults on my application have received income in the last 30 days.

Applicant name: \_\_\_\_\_

Name of the second adult on my application (Leave this blank if there is no second adult listed on the application):  
\_\_\_\_\_

Check the box that best describes how you are supporting your household.

☐ My household is currently experiencing homelessness.

☐ The person below is paying for my housing, bills, and food.

First and last name of the person: \_\_\_\_\_

Phone number: \_\_\_\_\_

☐ I am using savings/credit cards/the assistance of other agencies to support my household until my household can earn income again.

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

I certify that the individuals listed above are not receiving Social Security, unemployment, or retirement income and the individuals listed above have received zero income (\$0) in the last 30 days.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are unable to print this form, you can write the information on a piece of paper, sign and date it. There are examples of hand-written statements on our website at [CentralHealth.net](https://CentralHealth.net).



