

# ZERO INCOME FORM

Date Issued: \_\_\_\_\_



## Issuing Office

Middle KY Community Action of Breathitt County  
1137 Main Street, Suite 105 Breathitt County  
Jackson, KY 41339  
606-666-5902

## Consumer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## To 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:

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

I certify that to the best of my knowledge and belief that \_\_\_\_\_  
has had or will have no income from any source during the following month(s):  
\_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Return to \_\_\_\_\_, Worker

Middle Kentucky Community Action of Breathitt County  
1110 Main Street  
Jackson, KY 41339  
(606) 666-5902 or (606) 666-7270