

ZERO INCOME FORM

Date Issued: _____



Issuing Office

Middle KY Community Action of Owsley County
Room 104, Owsley County
Booneville, KY 41314
606-593-5103

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 Owsley County
Room 104, Owsley County Courthouse
Booneville, KY 41314
(606) 593-5103 or (606) 593-5102