*To be completed by each adult household member who does not receive income.*

**Applicant Information**

Name of Household Member declaring Zero Income Status:

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

1. I hereby certify that I do no individually receive income from any of the following sources:
   1. Wages from employment (including commissions, tips, bonuses, fees, ect.);
   2. Income from operation of a business;
   3. Rental income from real or personal property;
   4. Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI) or death benefits;
   5. Unemployment or disability payments;
   6. Public assistance payments;
   7. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
   8. Sales from self-employed resources (Avon, Mary Kay, ect.);
   9. Any other source not named above.
2. I herby certify that during the next 12 months there is no change expected in my financial or employment status.
3. I understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083. I further understand that any willful misstatement of information will be grounds for disqualification.

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Printed Name