

**DECLARATION OF ZERO INCOME FOR THE
HOUSEHOLD MEMBER WITH NO INCOME**

Name of Head of Household: _____

Name of Individual with Zero Income: _____

Social Security Number of individual completing this form: xxx-xx-_____

PLEASE ANSWER WITH A YES OR NO FOR EACH BOX (Based solely on the person claiming the ZERO Income – not the whole household)

Yes/No	I receive TANF moneys (Temporary Assistance for Needy Families)
Yes/No	I receive a cash grant from MFIP (Minnesota Family Investment Program)
Yes/No	I receive GA moneys (General Assistance)
Yes/No	I receive SS moneys (Social Security)
Yes/No	I receive SSI moneys (Social Security Insurance)
Yes/No	I receive SS moneys for my children
Yes/No	I receive SSI moneys for my children
Yes/No	I receive moneys from Employment
Yes/No	I receive moneys from Unemployment
Yes/No	I receive gifts of moneys every month from outside sources
Yes/No	I receive moneys from Child Support Payments

If you answered yes to any of the statements above, do not complete the remainder of the form. Return it to Richfield HRA.

If you answered **No** to all the statements above, read the statement below, sign and date this form if you are in agreement.

I certify that I currently receive no income from any source. (this includes all the sources listed above as well as: RSDI, MSA, VA, etc.)

I realize that it is **my** duty to report any income or family composition change within 10 days.

Signature of Person with No Income _____

Date _____

<p>The above captioned person currently receives no income. I understand that I must report all income changes and/or family composition changes within 10 days.</p> <p>_____</p> <p>(Signature of Head of Household)</p> <p>_____</p> <p>(Date)</p>
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