Zero Income Affidavit

I, __________________________________________, hereby certify under the penalties of perjury and fraud the following: (1) I have no received any income in the past twelve (12) months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, I authorize state and federal agencies to verify any of this information and hereby consent to the release of my West Virginia tax return for this purpose. My household living expenses have been met over the past twelve (12) months as follows:

Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person’s own business or from an owned or rented farm after deductions for business or farm expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker’s compensation, veteran’s payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings. V.11.2013

Housing Assistance: ____________________________ Date Received: _________________
Source of Assistance/Name: ___________________________________________________________________

Utility Assistance: ____________________________ Date Received: _________________
Source of Assistance/Name: ___________________________________________________________________

Food Assistance: ______________________________ Date Received: _________________
Source of Assistance/Name: ___________________________________________________________________

Cash or Other Assistance: ______________________ Date Received: _________________
Source of Assistance/Name: __________________________________________________________________

I acknowledge that 18 U.S.C. § 1001, “Fraud and False Statements,” provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

________________________________________ Date
Signature of Zero Income Claimant

NOTARY ACKNOWLEDGEMENT

WITNESS my hand and seal this ______ day of _____________ 20____.
My County of Residence: _______________________________________________
My Commission Expires: _______________________________________________
Notary Public Printed Name: __________________________________________

HEAD OF HOUSEHOLD & AGENCY SIGNATURES

Head of Household Signature: ____________________________ Date:____________
Agency Representative Signature: ____________________________ Date:__________