



SELF-DECLARATION OF ZERO INCOME

(To be completed by the applicant)



Purpose: Only after all avenues of documenting zero income have been exhausted, a signed Self-Declaration of Zero Income is permissible to use. The Applicant must fill out and sign this form in its entirety, listing all adult household members declaring zero income within the last 30 days.

Applicant Name: _____

Primary Address: _____

I do hereby certify members listed on this form **have not** received income from the following resources within the last 30 days:

- Wages, salaries, tips before any deductions:
- Net receipts from non-farm or 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, TANF, railroad retirement, unemployment compensation, strike benefits from union funds, workers compensation, veteran’s payments, training stipends, alimony, child support, regular adoption assistance, and military family allotments or regular support from an absent family member or someone not living in the household
- Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments
- Net college or university scholarships, grants, fellowships or assistantships
- Dividends and/or interest
- Net rental income and net royalties
- Periodic receipts from estates or trusts; and
- Net gambling or lottery winnings
- Black Lung benefits will be considered income except for the first \$20 of each monthly benefit.

Note: Please list below all household members eighteen (18) years and older self-declaring zero income.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

I certify that the information above is correct. Falsifying and/or withholding income information is a federal offense and I can be convicted to a fine of \$10,000 or imprisonment for no more than five years or both under the state of Tennessee Laws.

Signature of Applicant: _____

Date: _____