

**Blount County Community Action Agency**

**ZERO INCOME STATEMENT**

**(This form must be completed by a non-relative/non-household member. The person completing this form cannot be receiving assistance through the LIHEAP/CSBG programs.)**

\_\_\_\_\_  
**Date**

**I, \_\_\_\_\_, do hereby certify that during the period of**

\_\_\_\_\_ **to** \_\_\_\_\_ **that** \_\_\_\_\_  
**Applicant**

**Received zero income due to the following circumstances:**

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

**This applicant is able to work** \_\_\_\_ **Yes** \_\_\_\_ **No**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Relationship to Applicant**

**My signature verifies there is no other proof of zero income available at this time.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Intake Worker**

\_\_\_\_\_  
**Date**