



Affidavit of Zero Income

Household ID #: _____

I hereby swear that I, _____, have a gross income of \$0.00. I have NO income at this time. My food and housing are provided in-kind.

I certify that the information I have provided is correct to the best of my knowledge. I understand that intentionally making a false or misleading statement, intentionally misrepresenting, concealing, or withholding facts may result in paying the State Agency in cash the value of food benefits improperly issued to me and subject me to criminal prosecution under State and Federal law.

(Signature of Participant/Parent/Legal Guardian)

(Date)

(Signature of Participant/Parent/Legal Guardian)

(Date)