



**ZERO INCOME DECLARATION**

Instructions: To confirm eligibility for receipt of WAFF funds, WAFF must receive a certification from each member of the household aged 18 or older that each such person has had no income in the thirty (30) days immediately prior to the date they sign this form. For the purposes of this form, income includes, but is not limited to wages, self-employment earnings, Social Security, TCA/TDAP, unemployment benefits, monetary gifts, and loans.

**Declaration**

I certify that I have had no income of my own during the thirty (30) days (from \_\_\_\_\_ to \_\_\_\_\_) immediately prior to the date of my signature below.

I swear (or affirm) that all information on this declaration is true, correct and complete to the best of my ability, knowledge and belief.

By: Signed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF

COUNTY OF

I affirm that the person named above completed this form in front of me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

My Commission expires: \_\_\_\_\_

Notary Public