



For Administrative Use Only:

KCR Staff Signature _____

Date _____

Verified by:

DSHS BVS ESD REPORT BANK STATEMENTS

DECLARATION OF NO INCOME

I, _____ do hereby declare that for the following month:
CLIENT NAME

1. _____

I have not received income from employment, unemployment payments, operation of a business, rental income from place of residence or property that I own, public assistance (TANF/ABD/HEN/ etc.), Social Security benefits, Veteran's benefits, retirement funds, annuities, pensions, insurance policies, death benefits, L&I payments, alimony, child support, or any other source(s) of income.

The reason that I did not have any income for the months listed above is as follows:

Please explain how you are paying the following expenses:

BILL	\$ AMOUNT	PAID BY	NAME OF SOURCE	UNPAID
Rent/Mortgage		<input type="checkbox"/> FRIEND <input type="checkbox"/> FAMILY <input type="checkbox"/> AGENCY		<input type="checkbox"/>
Food		<input type="checkbox"/> FRIEND <input type="checkbox"/> FAMILY <input type="checkbox"/> AGENCY		<input type="checkbox"/>
Heat (Electric, Gas, Oil, etc.)		<input type="checkbox"/> FRIEND <input type="checkbox"/> FAMILY <input type="checkbox"/> AGENCY		<input type="checkbox"/>
Water/Sewer/Garbage		<input type="checkbox"/> FRIEND <input type="checkbox"/> FAMILY <input type="checkbox"/> AGENCY		<input type="checkbox"/>
Phone/Cable/Internet		<input type="checkbox"/> FRIEND <input type="checkbox"/> FAMILY <input type="checkbox"/> AGENCY		<input type="checkbox"/>
Car Payment/Insurance/Gas		<input type="checkbox"/> FRIEND <input type="checkbox"/> FAMILY <input type="checkbox"/> AGENCY		<input type="checkbox"/>
Public Transportation		<input type="checkbox"/> FRIEND <input type="checkbox"/> FAMILY <input type="checkbox"/> AGENCY		<input type="checkbox"/>
Personal Expenses		<input type="checkbox"/> FRIEND <input type="checkbox"/> FAMILY <input type="checkbox"/> AGENCY		<input type="checkbox"/>

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement **under penalty of criminal prosecution** if I knowingly provide false information which results in assistance received for which I am not eligible.

CLIENT SIGNATURE

DATE