

No Income Certification

I certify, under penalty of perjury, that I am not receiving any income from any source.

(This includes odd jobs, temporary or intermittent work, donating plasma and money from friends or family.)

Listed below are monthly expenses that most people need to pay. Please indicate *how* you pay for these items or receive these services. If anyone outside of your household assists you with these expenses, we will provide a Contribution Form for you to certify how much you receive; the contributing person will need to also fill out the form describing how much they contribute.

EXPENSE ITEMS	COST OF MONTHLY EXPENSES	WHAT AGENCY or WHO PAYS FOR THIS EXPENSE
RENT PORTION	\$ _____	
UTILITY COSTS YOU PAY:		
ELECTRIC BILLS	\$ _____	_____
WATER/SEWER	\$ _____	_____
GARBAGE BILL	\$ _____	
TRANSPORTATION COSTS:		
CAR PAYMENT, CAR INS. . .	\$ _____	_____
BUS, or BUS PASS, TAXI . . .	\$ _____	
PHONE/CELL PHONE BILL . .	\$ _____	
CABLE SERVICE BILL	\$ _____	
INTERNET/WIFI SERVICE . .	\$ _____	
NON - FOOD HOUSHOLD SUPPLIES AND TOILETRIES . .	\$ _____	
CLOTHING / DIAPERS	\$ _____	
CIGARETTES / NICOTINE . . .	\$ _____	
PET / COMPANION ANIMAL FOOD OR EXPENSES	\$ _____	

I certify that when this situation changes, I will report, in writing, within 10 days any and all income I receive to SHA; per the Change of Circumstance Form.

I acknowledge and understand that violation of this agreement could result in criminal prosecution for fraud and will result in repayment of any benefits received as a result of statements I report about my income status.

HoH Print Name: _____ Signature: _____ Date: _____

Other Adult Print Name: _____ Signature: _____ Date: _____

