ZERO INCOME STATEMENT

Answer the questions below and provide the following for each household member currently receiving or expecting to receive zero income in the next 12 months:

- Summary Employer/Wage Information printout from Iowa Works located at 4444 1st Ave NE, Suite 436 – Lower Level Lindale Mall

I, _______________________________________, acknowledge that I currently do not have a source of income.

Previous Source of Income: _______________________________________
Last Payment Date: _____________________________________________

My income plans for the next 12 months are:

☐ Seek employment, including jobs for cash
☐ Seek benefit program (disability, etc.)
☐ No plans to seek employment or other income

Anticipated income in the next 12 months: _________________________

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

__________________________________________  _______________________
Signature                                      Date

*Additional documentation may be requested as needed to complete the application.