

No Income Form

THIS FORM IS TO BE USED ONLY IF YOU ARE NOT RECEIVING ANY INCOME.

SECTION 1 - CLIENT INFORMATION (All Information Required)

Full Name: _____

Address, City, & Zipcode: _____

Phone: _____

By signing, I verify that I do not have any income. If I receive TANF, FI, court ordered child support, alimony and/or any government assistance, I will provide the proof of this assistance.

Client's Name (Print) _____

Client's Signature: _____ Date: _____

SECTION 2 - Person helping/supporting client (All sections must be completed to include dollar amounts). We need to know how you pay for housing, food, and utilities.

Name of person client (Print): _____

Please list the dollar amount you have paid/given in the last 30 days for each item below that applies.

\$ _____ House/Rent (If \$0, state why) _____

\$ _____ Food (If \$0, state why) _____

\$ _____ Utilities (If \$0, state why) _____

\$ _____ Other miscellaneous bills _____

\$ _____ Total amount given to client per month _____

By my signature, I verify the clients' current housing situation, that all information is true, and that no work or services are given in exchange for support.

Client Signature: _____ Date: _____

Disclaimer: East Cooper Community Outreach has the right to confirm and follow up on all information provided during the eligibility verification process. Providing false information may disqualify a person from receiving services. Additionally, completing this process does not guarantee access to any or all services.