



ZERO INCOME/ UNEMPLOYMENT FORM

This form is to be completed by all adults living in the household who do not have income. Check yes or no below.

I, _____, do certify that i do not have income from any source.

Including any of the following:

- ☐ Yes ☐ No Income from performing odd jobs (yard maintenance, house cleaning, baby-sitting, etc.)
- ☐ Yes ☐ No Income received from relatives or friends to aid in maintaining my household
- ☐ Yes ☐ No Income received from child support or alimony
- ☐ Yes ☐ No Income from unemployment, social security, welfare (DHS), veterans administration or workers' compensation
- \$ _____ Income from grants and scholarships
- \$ _____ Income received from employment or retirement

Please state how you pay for everyday expenses below (rent, utilities, food, etc.)

Should my income status change, i will notify the Choctaw Nation Housing Authority immediately so that proper verification can be obtained. I acknowledge that any misrepresentation of income, assets or family composition used from my application to determine eligibility may result in termination of participation in the program.

Signature of Applicant/Household Member

Date

I, (print name) _____, do hereby state that I know (applicant) _____
and can verify that he/she is unemployed

Signature of Non-Family Member

Date

This document was signed/attested before me on:

Signature of Notary

Date

Commission expires:

Commission number:

Seal/Stamp

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