Each adult with zero irregular income must complete a separate form. Do not leave any blank lines - the application will not be accepted with incomplete forms. If additional space is needed, please provide the information on a separate piece of paper and attach it to this application.

Name of adult claiming zero/irregular income: ________________________________________________________

Applicant name (if different): ______________________________________________________________________

Household Support:

- How much does your household pay for rent or mortgage? $ _____________________________________________

- How do you pay your rent or mortgage? (select from below)
  - My Income
  - Other household member/roommate income
  - I have no rent/mortgage
  - Family/friends pay rent/mortgage to the landlord/mortgage company
  - Work Exchange
  - Family/friends give me money to pay rent/mortgage
  - I’m behind facing eviction/foreclosure
  - Savings
  - Other: ______________________________________________________________________________________

- Have you made a payment to your utilities in the last 30 days? Y or N How much? $ ______________________

- If your rent or mortgage is paid by family/friends or agency, how many months have they been assisting you? _____

Choose one below and complete:

☐ I receive formal income (check all that apply):
  - TANF
  - Child Support
  - Social Security
  - Tribal Benefits
  - Earned Income/Job
  - Self-Employment Income
  - Alimony
  - Worker’s Compensation
  - Unemployment
  - Foster Care/Adoption
  - Rental Income
  - Pension
  - Veteran’s Benefits
  - Short-term Disability
  - Property Sale
  - Trust Fund/Inheritance
  - Work Study
  - Other: ______________________________________________________

☐ I receive informal income (e.g. selling plasma, pop bottle returns, odd jobs, giving blood, selling items):
  Source of income: ________________________________________________________________________________
  Amount received in last 30 days: $ _________________________________________________________________
  How long have you received this income? __________________________________________________________

☐ I have Zero income:
  How long have you been without income? ___________________________________________________________
  What was your last source of income? ______________________________________________________________
  * what was the date of your last check? __________/_________/___________
  How do you pay for food and utilities? ______________________________________________________________

☐ I am a full time high school student

By signing this form, I certify that the information stated is true and accurate. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature ________________________________ Date ________________________________