

Statement of No Income

I, _____, declare that I currently have
(print your name)

zero income. I am meeting my daily living needs by: _____

In the future, should I receive income, either through employment, Supplemental Security Income (SSI), Social Security Disability, or other means, I understand that I must notify KHCCP immediately.

I understand I will be notified by KHCCP if changes in my income affect my KHCCP eligibility.

Clients receiving HOPWA assistance: ***I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the HOPWA program, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.***

Client Signature & Date: _____

Agency Staff Signature & Date: _____