

Lake Cumberland Community Action Agency
23 Industry Drive
Jamestown, KY 42629

Proof of No Income



Name: _____

Date Issued: _____

To the Client: Have an individual who knows your situation well and does not live with you and is not related to you complete this form to verify that you have no income.

To the Individual: Complete this form if you can certify the individual's income situation.

I certify that to the best of my knowledge and belief that

_____ has had no income from
any source during the following month(s): _____
(Please list 3 prior months)

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment or both.

I certify that the information contained in this form is true and correct to the best of my knowledge.

Signature: _____

Print name here: _____

Date: _____

Phone: _____

Physical Address—(Not P.O. Box): _____

*****All zero income applicants over the age of 18 are encouraged to be actively seeking employment i.e. register for work and provide job contacts between office visits for assistance.** You may

RETURN TO: Local Outreach Office

This section must be completed when household has no income.

Zero Income Household Self-Declaration and Referral Form

(Identify your expenses for the past 3 months)

Fixed Expenses: Expenses that require the same amount of money each month. They are generally due on the same day each month. Although the payment may change from time to time, most remain the same for a fixed period of time.

Payment	Due Date	Last Paid	How Paid	Overdue Amount	Payment
Rent/Mortgage					
Electric					
Food					
Water/Trash					
Telephone					
Cable TV					
Car/Transportation					
Medical					
Other Fuel (Propane/ Fuel Oil, etc)					
Other Expenses					

***Please list Name and contact number of person who is assisting you with your bills (if this person is also receiving benefits from LCCAA, additional information may be required from them):

Last time employed: _____ or client has applied for disability and has provided proof of pending case: Yes No

By my signature, I am indicating that our household had zero income for the previous month.

_____ _____
 Consumer Signature Date

Referrals made by LCCAA: _____

_____ _____
 Agency Representative Date