

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS  
USDA FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS  
**ZERO INCOME FORM**

Applications may be denied or delayed if this form is not **completed** and **signed** by  
**all household members that are 18+ years old and have no income.**

Income is defined, but not limited to the following:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Sale of products or services
- Rental income from a real estate or personal property
- Interest or dividends from assets
- Sales from any self-employment resource
- Social Security income, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Periodic payments such as alimony, child support, or monetary gifts received from persons not living in the household

1) Reason for Zero Income/not working:

---

---

---

2) How do you pay for your basic needs (shelter, clothing, utilities, personal items, etc.)?

---

---

---

I state that I am not currently working or have any source of income listed above. There is no imminent change expected in my financial or employment status in the next 30 days. Should I become employed or receive any type of income, I agree to notify the LTBB Food Distribution Program within 10 days of my employment or receipt of income of \$100 or more per month. I understand to not report this information is considered fraud and I am aware of the consequences of legal action.

---

**Signature of Household member**

**Date**

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.*

*To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.*