

Zero Income Form

Applicant Name: _____ **Tribal ID#:** _____

To determine your eligibility for the Community Services Block Grant (CSBG) you must furnish proof of all household income for the immediate 30 days prior to the date of your application.

If you had “\$0.00” income for the past 30 days you must answer the following:

1. What was your income for the past 3 months? (Amount, Source of Income for ALL household members 18 years of age or older)

Name	Source	Amount

2. How do you pay utility bills? _____

3. How do you pay rent? _____

4. How do get food? _____

I hereby certify that all information in this application is true, correct and complete. **I understand that giving false or incomplete information will result in referral to the prosecuting attorney for fraud,** and/or recovery of funds paid on my behalf. I understand that failure to provide all necessary information and documentation can result in denial of my application. I hereby authorize the release of information by the appropriate agencies to the LTBB Department of Human Services for the purpose of verifying information needed to establish eligibility for this program.

APPLICANT'S SIGNATURE DATE

CSBG OUTREACH SIGNATURE DATE