

ZERO INCOME - ATTESTATION OF FINANCIAL SUPPORT

I hereby attest that I had no income (\$ zero income) over a portion of and/or all of the last 90-day period. I have supported myself in the following areas in the ways explained below:

_____ (0 – 30 Days) _____ (31 – 60 Days) _____ (61 – 90 Days)

Housing (Rent or Mortgage): _____

Food: _____

Utilities: _____

Other: _____

_____ Client's Name (Printed) _____ Client's Signature _____ Date

_____ Agency Representative Name (Printed) _____ Agency Representative Signature _____ Date