

DECLARATION OF ZERO INCOME

I, _____, have been unemployed since ____/____/____
Month/ Day / Year
and do not have any source of income at this time.

The last place that I worked was:

Name

Address

City, State & ZIP Code

I am ___ a) not eligible for unemployment benefits. (State Reason)

___ b) eligible for unemployment benefits but have not received a check yet.

I am unable to work because:

My household expenses (food. utilities. rent. etc.) are currently being paid by:

Collateral Contact: Please list one person not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.

_____	_____
Name	Home Phone Number
_____	_____
Address	Work Phone Number
_____	_____
City, State & ZIP Code	

I understand that if any or all of the information which I have given is found to be invalid or falsified, that I can and will be required to repay the State of Georgia for all goods and services rendered to me during and under this program.

Client's Signature

Worker's Signature

Date