

## Plumbing Assistance Declaration of Zero (0) Income Form

Please complete this form for EACH non-working person, eighteen (18) years of age and older, who does not receive SSI, Social Security Benefits, Unemployment Benefits or other forms of financial/income assistance. If more than one adult has no income, please make a copy and use a separate form for each adult.

I, \_\_\_\_\_ have been unemployed since \_\_\_\_/\_\_\_\_/\_\_\_\_,  
Month Date 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: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_ I am not eligible for unemployment benefits. (State Reason)

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\_\_\_ I am eligible for unemployment benefits but have not received a check yet.

\_\_\_ I am unable to work because:

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

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Collateral Contact: Please list the name and contact information of 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.

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**I understand that if any information or all information which I have given is found to be invalid or falsified, that the customer associated with this account can and will be required to repay assistance rendered during and under this program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_