CAPNEMO
Community Services Block Grant (CSBG)
ZERO INCOME VERIFICATION

Household Member (over 18): _____

Certification: I certify that I currently have no earned or unearned income and have received no income since _____(date). I understand income includes wages, self-employment, unemployment, Social Security/SSI, TANF, child support, pensions, veterans' benefits, workers compensation, rental income, or regular support from others.

How are you meeting your household's basic needs? (Check all that apply)

☐ Family/Friends ☐ Living with Others ☐ Savings ☐ Food Pantry ☐ Other: _____

Explain:

_____

_____

Rent/Mortgage Paid By: _____ Utilities: _____ Food: _____

Transportation: _____ Other: _____

Applicant Statement: I certify the information above is true and complete. I understand false information may result in denial or repayment of benefits, and I will notify CAPNEMO if my income changes.

Applicant Signature: _____ Date: _____

Agency Use Only

Verified By: _____ Date: _____ ☐ Applicant Statement ☐ Case Notes ☐ Other

Comments:

_____

_____