



CERTIFICATION OF ZERO INCOME/SELF EMPLOYMENT FORM

(To be completed by adult household members only, if appropriate)

NAME: _____

ADDRESS: _____

I hereby certify that I do not individually anticipate receiving income from any sources during the 12-month period beginning on the date of this certification (said date shown below).

Please describe any exceptions here (source, address of source, and estimated income):

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result may result in the termination of my application for assistance and/or legal action against me.

Signature of Applicant

Printed Name of Applicant

Date

On this _____ day of _____, A. D. _____, before me, the undersigned, a Notary Public in and for said State, personally appeared to me, known to be the identical person(s) named in and who executed the foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

Notary Public in and for the State of Iowa, Cerro Gordo County

Commission Expires