



**The Family Counseling Center of the CSRA, Inc.**

**Zero Income Statement**

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

**Please read and initial below:**

I am signing this document acknowledging that I currently **do not have** any income from any of these sources:

\_\_\_\_\_ I **do not receive** any wages from employment (including commissions, tips, bonuses, fees, etc.),

\_\_\_\_\_ I **do not receive** any income from operation of a business;

\_\_\_\_\_ I **do not receive** any rental income from real or personal property;

\_\_\_\_\_ I **do not receive** any interest or dividends from assets;

\_\_\_\_\_ I **do not receive** any Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.

\_\_\_\_\_ I **do not receive** any unemployment or disability payments;

\_\_\_\_\_ I **do not receive** any public assistance payments;

\_\_\_\_\_ I **do not receive** any periodic allowances such as alimony, child support, or gifts received

from people living/not living in my household.

\_\_\_\_\_ I **do not receive** any sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);

\_\_\_\_\_ I **do not receive** any other source not named above.

\_\_\_\_\_ I agree to notify the Family Counseling Center about any change at or before my next appointment.

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**I understand that by completing, signing and dating this form, I declare I have no household income and that the information I am providing is accurate and true to the best of my knowledge. I understand that providing false information may result in denial of services.**

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

(Updated December, 2015)

