



COMMUNITY ACTION PROGRAMS INTER CITY, INC.

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## **NO INCOME (ZERO INCOME) STATEMENT**

Each adult (ages 18+) household member reporting no income (zero income) is required to complete this statement form.

**Application #:** \_\_\_\_\_

I, \_\_\_\_\_, certify that I have (**choose one** of the following)

Print Name

**Never** received any income.

**or**

Received no income or money from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Date last received income/money

Current date or date started

to receive income/money

again

Indicate the type of income that stopped:

\_\_\_\_\_

Indicate the reason why the income stopped:

\_\_\_\_\_

I certify that all statements contained on this form and in my application are true. I authorize (**AGENCY**) to examine my tax return in order to verify my income. I understand that in the case of a fraudulent statement or misstatement of "no income" I may be liable for the full value of any assistance received.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Date