

SURVIVAL STATEMENT-ZERO INCOME REPORTING FORM

PERSONAL INFORMATION

NAME: _____

Date: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Phone #: _____

Please answer all of the following requested information below

PLEASE CIRCLE ALL FORMS OF INCOME YOU RECEIVED THIS MONTH:

SSI

Child Support

Money from family and/or friends

SSDI

Pension

Other (specify) _____

AND

Unemployment

VA

Church or other charity

OAP

TANF

DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT?

YES

NO

BALANCE: _____

HOW DO YOU PAY FOR:

Groceries: _____

Laundry: _____

Cigarettes: _____

Utility bills: _____

Home or cell phone: _____

Cable/TV: _____

Transportation/Gas: _____

Hygiene products/supplies: _____

Eating out, movies or other entertainment: _____

Diapers, baby food, school supplies or toys for children: _____

I DO HEREBY SWEAR AND ATTEST THAT I CURRENTLY HAVE ZERO INCOME AND ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE: _____

DATE: _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.