



ZERO HOUSEHOLD INCOME VERIFICATION

Printed Applicant Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLOWING SOURCES:

- Wages from any type of employment (including commission and fees).
- Income from the operation of a business (self-employment, Avon, Mary Kay, etc.).
- Rental income from real or personal property.
- Interest or Dividends from assets.
- Social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
- Unemployment.
- Public Assistance (Food Stamps and or TANF).
- Alimony or child support.
- Educational grants and/or scholarships or Veteran’s Benefits available for subsistence after deducting expenses for tuition, fees, and books.
- Regular monthly cash contributions from an outside source.

And, that my household has no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next month.

I hereby certify that the information provided is true and correct to the best of my knowledge. Falsification of information can result in loss of services and negative legal consequences. This information will be used solely for purpose of qualifying the above named individual for the Direct Aid Program at Better Health of Cumberland County, Inc.

Signature of Applicant: _____

Date: _____

1422 Bragg Boulevard
Fayetteville, NC 28301
Phone: (910) 483-7534
FAX: (910) 483-2157

