

## DECLARATION OF NO INCOME

I, \_\_\_\_\_, do hereby certify that I do NOT receive income from **ANY** source. I understand sources of income include, **but are not limited to**, the following:

- |                             |                    |
|-----------------------------|--------------------|
| Employment by Other(s)      | Retirement Funds   |
| Unemployment Compensation   | Alimony            |
| Social Security             | Income from Assets |
| Workers Compensation        | Pensions           |
| Child Support               | Public Assistance  |
| Education Grants/Work-Study | Disability         |
| Self-Employment             | Union Benefits     |
| TANF                        | Family Support     |
| SSI                         | Annuities          |

Additional comments/explanation:

---

---

---

---

---

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of Florida's Law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date