

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