

Franklin County Kinship Caregiver Program: Zero Income Statement

*This form is to be completed when the applicant Kinship Child has NO source of Income.
When there is a source of income, documentation of such must be submitted with the application.*

| | | |
|---|------------------------------|-----------------------------|
| <i>Customer First and Last Name:</i> | <i>Last Four of SSN:</i> | <i>Date of Birth:</i> |
| <i>Kinship Caregiver First and Last Name:</i> | <i>Contact Phone Number:</i> | <i>Date of Application:</i> |

ZERO INCOME STATEMENT:

____ (initials) The Kinship Child is a minor child, under the legal age to work (age 13 or under) with no source of unearned income. The Kinship Child relies on their legal custodian/guardian for daily expenses and needs.

OR

____ (initials) The Kinship Child is a minor child, of the legal age to work, (ages 14-18) that is not employed and does not have any source of unearned income. The Kinship Child relies on their legal custodian/guardian for daily expenses and needs.

| Sources of Earned Income Include but are not Limited to: | Sources of Unearned Income Include but are not Limited to: |
|---|---|
| • Employment | • Public Assistance – OWF |
| • Self-Employment | • SSI |
| • Training Allowances | • SSDI, Survivors or Disability Insurance |
| • Commissions | • Veteran’s Administration Benefits |
| | • Worker’s Compensation |
| | • Non-recurring Lump Sum Payments |
| | • Pension or Retirement Benefits |
| | • Investment or Rental Income |

Under penalties of perjury, I certify that the information presented in this document is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of benefits.

Consumer Signature/ Kinship Caregiver Signature *Date*

Witness/Staff Signature *Date*