Volusia County
FLORIDA

COMMUNITY ASSISTANCE

2021 DECLARATION OF NO INCOME

Last Name	First Name	Phone Number
Address	City	Zip

Check one: ☐ **I HAVE NO INCOME** ☐ **I AM HOMELESS AND HAVE NO INCOME**

1. I hereby certify that I do not individually receive income from any of the following sources:

Initials

_____ a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
_____ b. Income from operation of a business;
_____ c. Rental income from real or personal property;
_____ d. Interest or dividends from assets;
_____ e. Social Security, annuities, insurance policies, retirement funds, pensions, or death benefits;
_____ f. Unemployment or disability payments;
_____ g. Public assistance payments (AFCD, SSI, TANF);
_____ h. Alimony, child support, or gifts received from persons not living in my household;
_____ i. Sales from self-employed resources (Avon, Mary Kay, etc.);
_____ j. Any other source not named above.

2. Choose one:

☐ Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

☐ Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities: _____

_____

4. I will be using the following source of funds to pay for summer camp registration and weekly fees:

_____

I certify that the forgoing 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 for services.

_____

Signature Date

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