



**TOTAL COMMUNITY ACTION, INC**  
 1420 S. Jefferson Davis Parkway  
 New Orleans, LA 70125

**ZERO INCOME STATEMENT FORM**

DATE: \_\_\_\_\_

I, (Full Name) \_\_\_\_\_, (SSN) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

do hereby certify that I am unemployed and have no income for the following reason: (check appropriate reason(s))

- Laid off Enter month and year of last date worked \_\_\_\_\_
- The job I had was seasonal and has ended \_\_\_\_ I am unable to find employment
- I have **been** or **am**, (circle one) **sick** / **injured** and unable to return to work (may require documentation)
- I expect to return to work by (month/year) \_\_\_\_\_
- I have small children and no one to care for them except me
- My only source of income is from \_\_\_\_\_
- I am no longer eligible for Unemployment Benefits
- I receive assistance from the La. Dept. of Children & Family Services (DCFS) (circle all that apply)  
 Food Stamps, TANF funds, OTHER: \_\_\_\_\_
- Other** (please use the space below to write any conditions that are not covered above)

---



---



---



---

I understand that if I knowingly give **incomplete**, **inaccurate**, or **incorrect** information I am in state and Federal regulations including violation of Section 1001, Title 18, of the U.S. Code

Signature: \_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 Agency Representative