



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,
- 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 Social Services (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 Title 18, of the U.S. Code

Signed: _____ Agency Representative _____