



2/12/201

| | | | |
|---------|-------|----------|-------------|
| NAME | | | DATE |
| ADDRESS | | | |
| CITY | STATE | ZIP CODE | CASE NUMBER |

Zero Income Declaration

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

- Wages from employment (including commissions, tips, bonuses, fees, etc.),
- Income from operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments;
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- Any other source not named above.

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

Signature of Applicant _____

Date _____

Return to

| | | | |
|-------------------------|-------|----------------|-------------------|
| Address | | | |
| 1721 Northland Park Ave | | | |
| City | State | Zip | |
| Columbus | Ohio | 43229 | |
| E-Mail | | Fax Number | |
| | | (614) 233-2398 | |
| Name of Caseworker | Date | Case Number | Social Security # |
| OIESPEND | | | |



DJFS #626 OIES(09/2014)