



FINANCIAL STATEMENT

CERTIFICATION OF ZERO INCOME

Client Name: _____
(please print)

DOB: _____

in Household: _____

CLIENT MUST INITIAL OPTION #1 AND EITHER OPTION 2 OR 3. IF CLIENT SELECTS OPTION #2, A BANK STATEMENT MUST BE PROVIDED TO VERIFY THAT CLIENT IS RECEIVING NO REGULAR INCOME (WAGES, DISABILITY OR SOCIAL SECURITY, UNEMPLOYMENT, ETC.)

Please initial the following statements that are true:

_____ 1. My household currently has **no** source of income. This includes wages, Disability payments, social security, trust fund, child support, state cash assistance, unemployment, etc. I agree to promptly notify the Elizabeth Layton Center (ELC) if my household income changes and I am still receiving services.

and

_____ 2. My household has a bank account(s) and I have provided ELC staff with a copy of my bank statement(s) for the past 30 days as required by ELC. *ELC will not retain a copy of the bank statement.*

Bank Statement Verified By (ELC Staff): _____
(After verification, return to client or shred this information)

or

_____ 3. My household does **not** have a bank account.

Under penalties of perjury, by executing this form, I certify that I am providing Elizabeth Layton Center with accurate information regarding my current household income.

Signature of Client or Responsible Party

Date