

ZERO INCOME DECLARATION AFFIDAVIT

This official document is used to declare under oath that you have received no income from any source during a specified period of time. Please fill out all fields below before printing and signing in the presence of a notary public, if required.

1. Affiant Information

Full Legal Name:

Physical Address:

Mailing Address (if different):

Phone Number: Email Address:

Social Security Number or Tax ID (Last 4 digits):

2. Declaration of Period of Zero Income

I do hereby solemnly swear and declare that I have received zero (\$0) income from the period starting to .

3. Income Sources Declared as Zero

By filling out this affidavit, I certify that I do not receive any income from any of the following sources during the period specified above:

- Wages, salary, commissions, or tips from employment
- Net income from self-employment, business, or professional enterprises
- Social Security benefits, pensions, annuities, or retirement funds
- Unemployment insurance benefits or workers' compensation
- Alimony, child support, or regular family/friend contributions
- Public assistance, welfare, or government aid
- Interest, dividends, royalties, or income from real/personal property
- Any other source of regular or irregular income

4. Statement of Support and Expenses

Please explain in detail how you are currently meeting your basic living expenses (including food, shelter, utilities, and personal hygiene items) while declaring zero income:

5. Certifications and Signature

Under penalty of perjury, I declare that the information provided in this affidavit is true, correct, and complete to the best of my knowledge. I understand that false statements may subject me to criminal and civil penalties.

Affiant Signature: Date signed:

6. Notary Public Acknowledgement

(The section below is to be completed by a Notary Public only)

State of: County of:

Subscribed and sworn to (or affirmed) before me on this day of , 20 , by , who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Signature:

My Commission Expires: