

# DOS DCS Zero-Income Attestation Form

Date: / /

I, \_\_\_\_\_, attest that I have **no source of income** at this time. I understand that each time I visit the Economic Opportunity Council of Suffolk, Inc. Community Action, Inc., I will be asked if my income status has changed.

If my income has not changed, I may be asked to sign an updated Zero- Income Attestation Form at each future visit.

Should my income status change, I also understand that I am expected to provide income documentation (to include pay stubs, benefit letters, tax returns, etc.) at the time of my next visit.

Signed: \_\_\_\_\_  
Date: / /

Staff Witness: \_\_\_\_\_  
Date: / /

\_\_\_\_\_ Staff Initials to confirm that information on Child Support Services and Referrals, if applicable, was shared with this individual.

Contact Information for follow-up:

Name: \_\_\_\_\_

Phone:\_(\_\_\_\_)\_\_\_\_\_

E-mail: \_\_\_\_\_

Household size (circle one): 1 2 3 4 5 6 7 8 9+