



Texas General Land Office
Community Development and Revitalization
Declaration of Zero Income

Applicant Information		
Program:	Disaster:	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	State:	ZIP Code:
Household Member Name		
<i>A separate form must be completed for each household member over the age of 18 who is claiming zero income.</i>		
Household Member Name:		
Household Member Confirmation		
<i>Select only one.</i>		
I do not have income of any kind at present and do not expect a change in my financial or employment status during the next 12 months	<input type="checkbox"/>	
I do have income and will provide the required income documentation to the GLO.	<input type="checkbox"/>	
Identification of Income Sources		
I individually receive income from the following sources:		
Wages from employment (including commissions, tips, bonuses, fees, etc.)	<input type="checkbox"/>	
Income from operation of a business	<input type="checkbox"/>	
Rental income from real or personal property	<input type="checkbox"/>	
Interest or dividends from assets	<input type="checkbox"/>	
Social Security payments	<input type="checkbox"/>	
Supplemental Security Income payments	<input type="checkbox"/>	
Payments from annuities, insurance policies, retirement funds, pensions, or death benefits	<input type="checkbox"/>	
Unemployment or disability payments	<input type="checkbox"/>	
Public assistance payments (other than food stamps)	<input type="checkbox"/>	
Periodic allowances from alimony or child support	<input type="checkbox"/>	
Gifts received from persons not comprising the household	<input type="checkbox"/>	
Sales from self-employed recourses (Avon, Mary Kay, Pampered Chef, etc.)	<input type="checkbox"/>	
Any other sources not named above	<input type="checkbox"/>	
I have used and will use the following sources to pay for rent, utilities, and/or other necessities:		

Household Member Declaration

Under penalty of perjury, I declare that the information regarding my income presented in this form is true and accurate to the best of my knowledge and belief. I understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my household's ineligibility to participate in the Program.

Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

Signature

Household Member Printed Name:

Date:

Household Member Signature: