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 *A separate form must be completed for each household member over the age of 18 who is claiming zero income.*
Household Member Name:

Household Member Confirmation *Select only one.*	
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	☐
I do have income and will provide the required income documentation to the GLO.	☐

Identification of Income Sources	
I individually receive income from 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	☐
Supplemental Security Income payments	☐
Payments from annuities, insurance policies, retirement funds, pensions, or death benefits	☐
Unemployment or disability payments	☐
Public assistance payments (other than food stamps)	☐
Periodic allowances from alimony or child support	☐
Gifts received from persons not comprising the household	☐
Sales from self-employed recourses (Avon, Mary Kay, Pampered Chef, etc.)	☐
Any other sources not named above	☐
I have used and will use the following sources to pay for rent, utilities, and/or other necessities:	

Disclaimer: *The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date federal laws, rules, and regulations, as applicable. The GLO assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal laws, rules, and regulations and the agency's standard review and update schedule.*

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: Print and add signature in designated spot.	

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