

SURVIVAL STATEMENT- ZERO INCOME REPORTING FORM

PERSONAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

Please answer all the following questions:

PLEASE CIRCLE ALL FORMS OF INCOME YOU RECEIVED THIS MONTH:

| | | |
|------|----------------------------------|-----------------|
| SSI | Child Support | Pension |
| SSDI | Money from family and/or friends | Other (specify) |
| AND | Unemployment | |
| VA | Church or other charity | |
| OAP | TANF | |

1. DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT? YES NO
NAME OF BANK: _____ BALANCE: _____

HOW DO YOU PAY FOR:

Groceries: _____

Laundry: _____

Cigarettes: _____

Utility bills: _____

Home or cell phone: _____

Cable TV: _____

Transportation: _____

Hygiene products & supplies: _____

Diapers, baby food, school supplies or toys for children: _____

Eating out, movies or other entertainment: _____

I DO HEREBY SWEAR AND ATTEST THAT I CURRENTLY HAVE ZERO INCOME AND ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.