



## Affidavit of Zero Income

Caddo Nation of Oklahoma

PO Box 487

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P 405.656.2344

*mycaddonation.com*

Federal laws and regulations require the Caddo Nation to verify income of household members who participate or wish to participate in certain programs operated by the Caddo Nation of Oklahoma. This form must be completed for each household member 18 years of age and older. Please complete and sign this form.

*To be completed by household members 18 years of age and older, who do not receive income.*

I, \_\_\_\_\_, swear under penalty of perjury that I do not earn or receive income from **any** source, including:

- Income from employment, commissions, or stipends.
- Income from odd jobs (yard work, maintenance, babysitting, etc.)
- Regular income from relatives or friends (monthly, quarterly, annually, etc.)
- Social Security Retirement, Disability, or Survivors benefits.
- Supplemental Security Income, Disability or Aged
- Scholarships, grants, or work study.

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*Signature of Household Member*

*Date*