

Pawnee Nation Housing Authority

PO Box 408, Pawnee, OK 74058 * pawneenationha@sbcglobal.net * 918-762-3454

DECLARATION OF ZERO INCOME

This form must be completed when applicant and/or household member is claiming zero income from any source.

Person claiming zero income: _____

Person claiming zero income: **Head of Household** **Household Member**

Date of last income that you have received: _____

What was the amount of last income: _____

Can you provide proof of last income: Yes No

Have you been furloughed, had hours cut, or loss of wages/employment due to the COVID-19 Pandemic? Yes No **Please provide documentation.*

Have you applied for Unemployment Benefits? Yes No

Were you approved or denied? Approved Denied

How much have you been approved for? _____

How often ? _____

Do you currently receive Workman’s Compensation wage benefits “TTD” (Temporary Total

Disability) or “PTD” (Permanent Total Disability)? Yes No

If “Yes”, Which are you currently receiving? TTD PPD

How much are you receiving, at this time? _____

How often do you receive these wage benefits? _____

When do you expect to stop receiving these benefits? _____

Do you currently receive, or have you recently, Short Term Medical Financial Benefits or

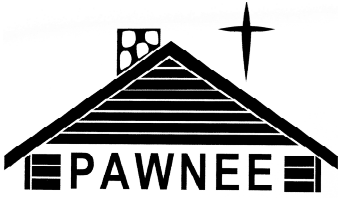
Long-Term Medical Financial Benefits? Yes No

If “Yes”, which are you receiving? Short Term Long Term

How often do you receive these payments? _____

How long do you anticipate receiving these benefits? _____

How much are you receiving at this time? _____



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Do you receive Tribal Per Capita payment, land or lease money, headright or annuity?

_____ Yes _____ No List which type(s) of payment: _____

When was the last time that you received payment? _____

How much was your payment? _____

Do you anticipate receiving any income over the next 6-12 months? _____ Yes _____ No

If "Yes" how much do you estimate receiving? _____

What will be your source of this income? _____

Do you have a court order in place to receive child support? _____ Yes _____ No

Are you receiving those payments regularly? _____ Yes _____ No

How much are your court ordered to receive monthly? _____

What cash payments have you received for odd jobs or side jobs, for the year 20____?

January \$ _____ Source: _____

February \$ _____ Source: _____

March \$ _____ Source: _____

April \$ _____ Source: _____

May \$ _____ Source: _____

June \$ _____ Source: _____

July \$ _____ Source: _____

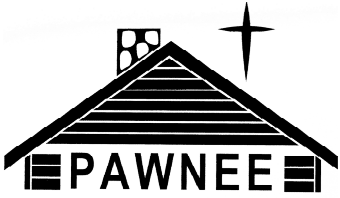
August \$ _____ Source: _____

September \$ _____ Source: _____

October \$ _____ Source: _____

November \$ _____ Source: _____

December \$ _____ Source: _____



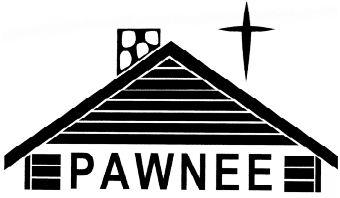
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Please explain how you are paying your current household costs, for the past 60 days:

Household Costs	Monthly Bill Amount	Explanation of Payment (Who or How are these costs paid?)
Rent	\$	
Electricity, Water, Sewage, Trash	\$	
Natural Gas/Propane	\$	
Groceries	\$	
Phone	\$	
Internet/Broadband	\$	
Vehicle Payment	\$	
Vehicle Insurance	\$	
Gasoline and Maintenance for vehicle	\$	
Cable/Satellite Television	\$	
Household Items – (Cleaning supplies, trash bags, laundry soap, etc.)	\$	
Hygiene Products – (Soap, shampoo, deodorant, toilet paper, diapers, etc.)	\$	
Other (Pet food, tobacco, alcohol, casino, etc.)	\$	



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CERTIFICATION STATEMENT

I certify that everything I have stated is to be true and factual. I certify that I have received no other income during the last sixty (60) days, or the income that I have stated on this document is the only financial resources that I am receiving. I understand that if further documented information is needed it my responsibility to obtain those documents and provide those documents to the Pawnee Nation Housing Authority for their evaluation to verify zero income and duration of zero income. I understand that, if it is proven that I have intentionally falsified my statement of “**no income**”, not only will I be liable for **one hundred percent (100%)** of the full value of any assistance received through this program, but I will also be liable to pay back those assistance funds in full within thirty (30) calendar days of notification. Any false, misleading, or incomplete information will also result in the **denial of any and all future services** for all adult members of this household who are listed on my original application, from any and all programs governed under the Pawnee Nation Housing Authority.

Printed Name

Signature

Date