

STATEMENT OF NO INCOME*/HOMELESSNESS**

TO

ENDING DATE

Date

I declare that I had/have:	
No income	Ν

□ No home or residence of my own

BEGINNING D	ATE
-------------	-----

Print Name

* Income is defined as wages, contract labor, work for cash, social security, disability benefits, workmen's compensation benefits, unemployment benefits, veteran's benefits, General Assistance, MFIP, TANF, Tribal Per Capita payments, child support income, divorce decree settlement, or illegal income.

** McKinney-Vento is used for the definition of homeless.

Comments: Click or tap here to enter text.

NOTE: This form must be notarized.		
WITNESS by my hand		
Applicant Signature:	Date:	
SUBSCRIBED AND SWORN BEFORE ME State of Minnesota, County of		
Notary Signature:		
Print Notary Name:		
My Commission Expires:		(STAMP)

43408 Oodena Drive, Onamia, MN 56359 Phone (320) 532-7407 Toll Free (800)922-4457 Fax (320) 532-3785