



VERIFICATION OF NO MONTHLY INCOME

This form must be completed by all household members age 18 and older that do not have any monthly income.

The purpose of this form is to certify that I, _____ residing at

NAME

ADDRESS

verify I do not have any monthly income.

SIGNATURE

DATE

State of Florida
County of Seminole

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20_____ by _____.

He/She has produced _____ as identification.

(NOTARY SEAL)



FLORIDA NOTARY

S: COMMUNITY ASSISTANCE/FINANCIAL ASSISTANCE/TBRA/FORMS/SECTION 2A

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.