



VERIFICATION OF NO MONTHLY INCOME

*This form must be completed by all household members over age 18
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 who 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.