

**Primary Adult Care Program
Verification of No Income**

ONLY FILL IN SECTIONS THAT ARE APPLICABLE

RELATIVE OR FRIEND

I, _____, certify that _____ is currently unemployed and is not receiving any type of monetary income at this time.

Relationship to Applicant: _____

Address: _____

City: _____ State _____ Zip Code _____

Signature: _____ Telephone Number () _____

I have been supporting _____ beginning _____ and providing him/her the following:

- ____ 1. Paying for room and board outside of my home.
Send a copy of the rent receipt and show how much given for food. \$ _____
- ____ 2. Providing room and board free in my home.
- ____ 3. Providing monies for room and board in the amount of \$ _____
(Check one: ____ Weekly ____ Bi-Weekly ____ Monthly)
- ____ 4. Other. Please explain below:

Please check any assistance below that applies:

- RAP Section 8 TDAP Food Stamps Unemployment

If you checked any of the above, please send a verification document.

APPLICANT

You must include a copy of your Social Security Card.

____ I have never been employed.

Last place of employment (if within 6 months) _____

Last date of employment _____.

To verify, you may call _____ at the following telephone number: () _____

SHELTER OR AGENCY

- 3 Months 6 Months 1 Year or More

I certify that _____, is being seen at the _____ facility. Services are being provided, including assistance in obtaining food and shelter.

The attached application for the Primary Adult Care Program represents statements made by the client that are accurate to the best of my knowledge.

Contact Person (Please Print) _____

Signature _____

Telephone Number () _____