

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Community Assistance and Development

**APPLICANT STATEMENT OF NO INCOME**

I (*Print Name*): \_\_\_\_\_ state that I have not been employed, self-employed, completed off jobs or had any source of income including any gifts or loans during the past 30 days.

The last income I received was from \_\_\_\_\_.  
*(Source of income - Ex: Company name, type of self-employment, loans, etc.)*

I received my last payment from this source on or about \_\_\_\_\_.  
*(Date)*

**AFFIRMATION**

I swear under penalty of perjury that the above statement about myself, which relates to my eligibility for benefits, is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*