Charlotte County Department of Human Services



Household Management Verification & No Income Declaration

Client Name:	_ Birth Date:
The number of people who live in my household is:	
poverty level No Income only:	r Financial Support (friend,family)
The <u>date</u> and <u>source</u> of MY LAST income was: (mm/dd/yyyy):	
Self- Employed only: My total gross income (Business Income minus Business Expen	uses) for the past 30 days was:
I am completing this document to declare that I currently pay my mont comes from (please describe in detail, list household member who is pa	
<u>unpaid</u>):	
Does anyone other than a household member help you pay	expenses, such as a friend or family member? If
yes, please explain each below:	
1. HOUSING is paid by who	
With what money	
2. FOOD is paid by who	
With what money	
3. UTILITIES are paid by who	
With what money	
4. TRANSPORTATION - gas/car payment/insurance is paid by who	0
With what money	
 PENALTIES FOR FRAUD All household members will be ineligible for any Human Services' prodiscovered if no benefits are received. Applicant will be required to pay back any funds received, and all hour for a period of two years from the date the debt was repaid in full. Multif the debt is not repaid. Fraudulent receipt of a benefit of \$300 or greater may lead to felony 	usehold members will be ineligible for any Human Services' programs embers will be permanently ineligible from Human Services' programs

Signature

Date

This document must be completed by every client that has a combined household income of less than 50% of the Federal Poverty Income level.