

# STATEMENT OF NO INCOME FORM

**TO BE FILLED OUT ONLY IF YOU DO NOT HAVE AN INCOME!**

Date: \_\_\_\_\_

I, \_\_\_\_\_, have not received any income since  
*(Printed Name)*

\_\_\_\_\_  
*(Date)*

Please list how you pay the following (example: *“my mother pays”*):

Rent: \_\_\_\_\_

Food: \_\_\_\_\_

Car Insurance: \_\_\_\_\_

Utilities: \_\_\_\_\_

Signed under pains and penalties of perjury:

\_\_\_\_\_  
Signature