



Statement of No Income Form

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

Date: _____

I, _____ have not received any income
(Printed Name)

since _____.

Please list how you pay the following (example: "my mother pays")

Rent: _____

Food: _____

Car Insurance: _____

Utilities: _____

Signed under pains and penalties of perjury:

(Signature)

State of Massachusetts
County of Bristol

On this _____ day of _____, 20____, before me the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were, _____, to be the person whose name is signed on the preceding or attached document, and who acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

_____ (official signature and seal of notary)

My commission expires _____