



On-site Septic Repair Cost Share Program Declaration of No Income

I, _____ do hereby declare that I have not received any income for the months of :

1. _____ 2. _____ 3. _____ 4. _____

Income is understood to include but is not limited to the following: Wages from an employer, unemployment insurance, time loss for work related to injuries, child support received, military or other pension payments, social security, supplemental security income, monetary gifts, TANF, (Temporary Assistance for Needy Families) certain types of student loans or work study programs, child or adult care payments, money received through self-employment or odd jobs in exchange for food, shelter or utilities.

The reason that I have had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter, and utilities in the following way:

Food:

Shelter:

Utilities:

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Applicant Signature

Co-Applicant Signature

Acknowledgment of Individual

State of Washington,
County of

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (they) signed this instrument and acknowledged it to be (their) free and voluntary act for the uses and purposes mentioned in this instrument.

Signature

Date