



City of Kent

220 4th Ave S

Kent, WA 98032

Phone: 253-856-5065

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## SELF-DECLARATION OF NO INCOME

This form is required by each household member over age 18 with no income source

Name of Primary Applicant (listed on application/update ): \_\_\_\_\_

Household member information	
Your Name:	
Date of Birth:	
Address:	
Relationship to Primary Applicant:	

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

\_\_\_\_\_, \_\_\_\_\_ & \_\_\_\_\_  
(Fill in the 3 months prior to the month of application)

Please briefly describe how shelter, food, utilities and other bills are being paid for:

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*By signing below, I certify that the information stated here is true and accurate to the best of my knowledge. I understand that by signing this form, I am under penalty of criminal prosecution if I knowingly provide false information which results in assistance for which I am not eligible.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date