

**Primary Adult Care Program  
Verification of No Income**

ONLY FILL IN SECTIONS THAT ARE APPLICABLE

**RELATIVE OR FRIEND**

I, \_\_\_\_\_, certify that \_\_\_\_\_ is currently unemployed and is not receiving any type of monetary income at this time.

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

I have been supporting \_\_\_\_\_ beginning \_\_\_\_\_ and providing him/her the following:

- \_\_\_\_ 1. Paying for room and board outside of my home.  
Send a copy of the rent receipt and show how much given for food. \$ \_\_\_\_\_
- \_\_\_\_ 2. Providing room and board free in my home.
- \_\_\_\_ 3. Providing monies for room and board in the amount of \$ \_\_\_\_\_  
(Check one: \_\_\_\_ Weekly \_\_\_\_ Bi-Weekly \_\_\_\_ Monthly)
- \_\_\_\_ 4. Other. Please explain below:  
\_\_\_\_\_  
\_\_\_\_\_

Please check any assistance below that applies:

- RAP       Section 8       TDAP       Food Stamps       Unemployment

If you checked any of the above, please send a verification document.

**APPLICANT**

You must include a copy of your Social Security Card.

\_\_\_\_ I have never been employed.

Last place of employment (if within 6 months) \_\_\_\_\_

Last date of employment \_\_\_\_\_.

To verify, you may call \_\_\_\_\_ at the following telephone number: ( ) \_\_\_\_\_

**SHELTER OR AGENCY**

- 3 Months                       6 Months                       1 Year or More

I certify that \_\_\_\_\_, is being seen at the \_\_\_\_\_ facility. Services are being provided, including assistance in obtaining food and shelter.

The attached application for the Primary Adult Care Program represents statements made by the client that are accurate to the best of my knowledge.

Contact Person (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_