

This document represents information collected for each client of The Family Collective, electronically, by the Case Manager/Coach working with the family. This document is not completed by the family. The fields on this document reflect fields on the electronic file.

The Family Collective Zero Income Certification



Date: _____

Head of Household: _____
(Last Name, First Name)

You and/or another adult member of your household have reported no income. Please sign this certification.

TFC Staff _____
Date

As an adult member of the above referenced household, I certify that I am not employed and have no source of income, earned or unearned. I understand that should my income status change, I will share with my TFC Staff representative.

CERTIFICATION

I/We certify that the information provided on this document is true and complete to the best of my knowledge.

Head of Household Signature _____
Date

Printed Name _____
Date

Entering name or digital signature on an electronic version of this form is the same as signing the document.