

NO INCOME STATEMENT

Please complete and sign this document if you are a household member over the age of 18 and do not have an income.

PLEASE PRINT:

Household Member: _____

Address: _____

Do you receive an income? Yes No

Do you receive money from any source? Yes No

If YES, confirm how much
(Please provide evidence) \$ _____

Date: _____

Signature of Household Member: _____

COMMONWEALTH OF MASSACHUSETTS

WORCESTER, SS. _____, 202_

On this ____ day of _____, 202_, before me the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identification, which was/were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me he/she signed it voluntarily for its stated purpose.

Notary Public

My commission expires: