



FAIM Program

Declaration of No Income Form

FAIM Applicant Name: _____

Address: _____

Applicants' Signature and Date : _____

Adult Household Member Claiming No Income Sources

Household Member Name: _____
(please print)

Household member's explanation why they have no income sources (earned or unearned):

I certify that information I provided above is true and correct to the best of my knowledge.

Household Member Signature and Date: _____