

DECLARATION OF INSUFFICIENT OR NO INCOME STATEMENT

Primary:

Client ID:

PIR: _____

1. PROVIDE THE FOLLOWING INFORMATION				
(Print Name) I,	declare that I re	(Month) declare that I received insufficient or no income for:		
2. SOURCE OF INCOME				
I am supported by the he	ad of household			
I am receiving cash from daily living expenses.	outside sources such as agenci	es, family, or friend	s so that I can pay	my rent, bills, and
Please list the amounts re	eceived below.			
Month Received	Amount Received	From Who	m	Contact Phone
How will you meet your living	g expenses the next month?			
3. AUTHORIZATION AND SI	IGNATURE			
Statement is complete and accurat if I knowingly have provided false or for which I am not eligible. I auth agencies and City utilities regarding not receiving assistance if the infor original. I understand that the City and I receive benefits for which I ar	tained in this Insufficient / No Inco te to the best of my knowledge. I und r incomplete information regarding the porize the Human Services Department g income, household members, and ho rmation provided is neither accurate r of Seattle Utilities may recover the tr m not entitled.	lerstand that I am signin, e total income of my hou nt to release and receiv ousing status. I understa nor true. I authorize use	g this form under pena usehold living situation, e information regardiu and that granting this p of a photocopy of this	alty of criminal prosecution , which results in assistance ng my application to other permission may result in my s authorization in lieu of an
X Signature			Date	

Save this completed form and upload to your online Utility Discount Program application.

If you encounter any problems filling out or uploading this form, email udp@seattle.gov or call (206) 684-0268.