

LORAIN COUNTY DEPT. OF JOB & FAMILY SERVICES

42485 NORTH RIDGE ROAD - ELYRIA OH 44035-1057
(844) 640-6446 FAX: (440) 323-3422

IM-450 (4/2021)

Zero Income Statement

Case Name:	Case Number:
Caseworker/Supervisor:	Date:

I, _____, currently have no earned or unearned income.
(print name)

I have not received income from any of the following sources:

- *Wages from employment (including tips, commission, bonuses, fees, etc.)*
- *Income from operation of a business*
- *Rental income from real or personal property*
- *Interest in dividends from assets*
- *Social security payments, annuities, insurance policies, retirement funds, pensions, or death benefits*
- *Unemployment or disability benefits*
- *Public assistance payments*
- *Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc)*
- *Any other sources not named above*

My last income was from _____ and that income ended on _____.
(Source of Income) (date)

Under penalty of perjury, I certify that the information presented in this document is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of benefits.

Printed Name: _____

Signature: _____ Date: _____

Phone Number: _____