

**KLETSEL DEHE  
HOUSING SERVICES**

**CLAIM OF NO INCOME**

**This form must be filled out by each adult household member over the age of eighteen (18) living in the household that is reporting no income or no employment.** Please read each claim carefully and **initial by each statement that applies.** If you are receiving any income in any form it must be reported on Page 3. Of the TBRA-Application as either earned or unearned income.

**IF YOU ARE CLAIMING NO INCOME OR EMPLOYMENT YOU MUST COMPLETE THIS FORM:**

**This statement confirms that:**

- I am not receiving income from any source.
- I am not employed by any employer.
- I am not working and receiving cash as payment for any type of services provided.
- I am not receiving any type of employment compensation benefits.
- I am not receiving TANF, Welfare, Social Security, Veterans benefits or any other benefits
- I am not receiving pension or annuity benefits.
- I am not receiving any income from babysitting, "Odd jobs", selling any type of products, house cleaning, self-employed, rent, etc.
- I am not receiving child support or any monetary benefits from a divorce.
- I am not receiving alimony.
- I am not receiving money from any foster care program.
- I am not a beneficiary of any other person's social security, pension, annuity or otherwise.
- I am not receiving any type of per capita or tribal distributions from any tribe.
- I am not receiving any money from any type of inheritance.
- I understand that I must report any income changes.**

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\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Warning: Falsifying information on this form may result in removal from the applicable benefit program or consideration for the benefit for a specified period of time.**