## 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.				, 201_
On this day of public, personally appeared satisfactory evidence of identification, whi	ch was/	, who	proved to me th	nrough,
to be the person whose name is signed on t acknowledged to me he/she signed it volum				nd

Notary Public

My commission expires: