

EXHIBIT 1.1.1 (D)

DECLARATION OF NO INCOME

I _____, do hereby declare that I have not
(Applicant Name)
received any income for the month(s) of:

1. _____ 2. _____ 3. _____

The reason that I have had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Applicant Signature: _____

Date: _____

Agency Representative: _____