

Self-Certification of Zero (\$0) Income

Paren	t Name:		
Child(ren) Name(s):		
	are that I currently have zero income fro s (housing, food, utilities, and other nece	· · · · · · · · · · · · · · · · · · ·	
	A family member or friend, other than my spouse/partner supports me by providing basic needs (housing, food, utilities, and other necessities).		
l attest : correct.	and declare under penalty of perjury and the laws of	California that the information provided is true and	
Signa	ture:	Date:	
	STAFF USE ONLY (see Title .	5, §18078, 18084, 18086)	
f applicable staff	will include a brief statement attesting to the reasonablen	ess and/or consistency with community practice of the claims abo	ove.
Staff name:	Staff signature:	Date:	