

ADAMHS BOARD OF CUYAHOGA COUNTY

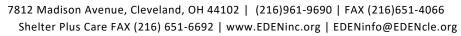


FD – Income/Deductions

Statement of No Income

Name	
Social Security Number	Date of Birth
I give permission to EDEN to obtain verification from the these agencies:	following sources to confirm that I receive NO benefits from
Social Security Administration	☐ Veterans Administration
Dept of Human Services' Ohio Works Fast	☐ Bureau of Unemployment
I hereby authorize the release of the requested informati	ion.
Applicant	Witness Signature (not notary)
STATE OF OHIO COUNTY OF CUYAHOGA I,, FIRS	ST BEING DULY SWORN, DEPOSES AND SAYS:
 That he/she is eighteen (18) years of age or older That he/she is presently without income, That he/she is presently residing in subsidized ho Program Name 	ousing program,
4. That he/she is required to report IN WRITING WI	THIN FOURTEEN (14) DAYS any changes in income to EDEN.
	(Signature)
Sworn to and before me and subscribed in my presence t	this day of, 20
	(Notary)

HOUSING RESOURCE & DEVELOPMENT AGENCY



TDD/TTY: 1-800-545-1833, ext. 873