



Seattle

UTILITY ASSISTANCE PROGRAMS

DECLARATION OF INSUFFICIENT OR NO INCOME STATEMENT

Primary: _____

SCL Acct: _____

PIR: _____

1. PROVIDE THE FOLLOWING INFORMATION

(Print Name)

(Month)

I, _____ declare that I received insufficient or no income for:

2. SOURCE OF INCOME

☐ I am supported by the head of household

☐ I am receiving cash from outside sources such as agencies, family, or friends so that I can pay my rent, bills, and daily living expenses.

Please list the amounts received below.

Month Received	Amount Received	From Whom	Contact Phone

How will you meet your living expenses the next month?

3. AUTHORIZATION AND SIGNATURE

By typing my name below, I certify that the information contained in this Insufficient / No Income Declaration Statement / Self-Declaration / Self-Employment Profit Statement is complete and accurate to the best of my knowledge. I understand that I am signing this form under penalty of criminal prosecution if I knowingly have provided false or incomplete information regarding the total income of my household living situation, which results in assistance for which I am not eligible. I authorize the Utility Assistance Programs to release and receive information regarding my application to other agencies and City utilities regarding income, household members, and housing status. I understand that granting this permission may result in my not receiving assistance if the information provided is neither accurate nor true. I authorize use of a photocopy of this authorization in lieu of an original. I understand that the City of Seattle Utilities may recover the true cost of my utility usage if the information is neither true nor accurate and I receive benefits for which I am not entitled.

X	Signature	Date
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