



ELIA Program

Declaration of Insufficient or No Income Statement:

I, _____ declare that I received Insufficient or no Income, for the **month** of _____.

I am Supported By Head of Household Receiving Cash Amount Other

Please list below the amount of money that you have received from outside sources such as agencies, family or friends so that you can pay your rent, bills and daily living expenses. Please note that you may or may not be required to provide further documentation.

Months Received:	Amount Received:	From Whom:

How will you meet your living expenses the next month? _____

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 Human Services Department 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.

Signature: _____ Date: _____