



### Certification of Zero Income/Per Capita and/or Elders Stipend Only

To determine eligibility for any programs at the Pokagon Band Social Services Department or Commodities, you must furnish proof of **ALL** household income. This form is to be completed by adult household resident with zero income from any source except per cap and elders Stipend. Application process will not begin without completion of this form and/or other proof of income.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tribal ID # \_\_\_\_\_

1. By initialing I hereby certify that I do not receive income from any of the following sources:
  - a. Employment wages (commissions, boards, stipends, tips, bonuses, fees, etc.); Initial \_\_\_\_\_
  - b. Income from operation of a business (self-employment or contract); Initial \_\_\_\_\_
  - c. Rental income from Real Estate or personal property; Initial \_\_\_\_\_
  - d. Interest of dividends from assets, lottery winnings, etc; Initial \_\_\_\_\_
  - e. Annuities, Insurance policies, death benefits; Initial \_\_\_\_\_
  - f. Unemployment, strike pay, social security, pensions, VA or disability payments; Initial \_\_\_\_\_
  - g. Alimony, child support, public assistance cash payment or supplemental income; Initial \_\_\_\_\_
  - h. Income from Foster Care or Adoption; Initial \_\_\_\_\_
  - i. Per cap from tribe other than Pokagon Band; Initial \_\_\_\_\_
  - j. Any other source not named above; Initial \_\_\_\_\_

2. Choose one:

- My only income has been Pokagon Band Per Cap and/or Elders Stipend for the past 12 months
- My only income has been Pokagon Band Per Cap and/or Elders Stipend for the past 30 days
- Currently my only income is Pokagon Band Per Cap and/or Elders Stipend
- I have had no income in the past 12 months
- I have had no income in the past 30 days
- Currently I have no income

3. Explain how rent, utilities, food & other necessities are paid for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in referral to the prosecuting attorney for fraud and/or recovery of funds paid on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date