



Certification of Zero Income/Per Capita and/or Elders Stipend Only 2024-2025

To determine eligibility for any programs at the Pokagon Band Social Services Department or Commodities, you must submit proof of ALL household income. A separate form is to be completed by each adult resident with zero income from any source or only per cap and/or elder's 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, annuities, etc; Initial _____
- e) Unemployment, strike pay, social security, pensions, VA or disability payments; Initial _____
- f) Child support, alimony, public assistance cash payment or supplemental income; Initial _____
- g) Income from Foster Care or Adoption; Initial _____
- h) Per cap from tribe other than Pokagon Band; Initial _____
- i) Any other source not named above (ie- cash paying job, etc); Initial _____

2. Choose one that best fits your situation:

- My only income has been Pokagon Band Per Cap and/or Elders Stipend for the past 6-12 months.
- Only income has been Pokagon Band Per Cap and/or Elders Stipend for 1- 6 months.
- Only income is Pokagon Band Per Cap and/or Elders Stipend for less than 30 day.
- I have had no income for the past 6-12 months.
- No income for 1- 6 months.
- No income for less than 30 days.

3. If income ended within the past year enter date: _____

Please note that all income from the past 6 months or current year, whichever is greater will need to be submitted.

4. 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