



KODIAK AREA NATIVE ASSOCIATION

HEALTH SERVICES

Zero Income Statement

Name: _____ Date: _____

Last 4 Digits of SS#: _____

This statement is to certify that I am not receiving income from any source whatsoever.

- I am not employed through any private or public employer.
- I am not receiving unemployment compensation benefits.
- I am not receiving Social Security benefits or any type of annuity benefits.
- I am not receiving Temporary Disability Assistance Payments for Adults (TDAP),
- Temporary Cash Assistance (TCA), Pension or Veteran’s benefits.
- I am not receiving income from any source.
- I am on leave without pay.
- I understand that I must report any change in income status.

Please describe how you are meeting your monthly living expenses: _____

This form must be SIGNED in order to be deemed valid.

Signature: _____ Phone Number: _____

Address: _____ Email Address: _____

Updated 08/2023