

## VERIFICATION OF NO INCOME (VONI)

### Applicant (Household Member)

Household Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Housing Situation:  Living with friend/relative/roommate  Renter  Homeowner  
 Dorm  Homeless  Shelter

Food Situation:  Food provided by friend/relative in household  Food paid for by friend/relative  
 Soup kitchen  Food pantry  Food stamps

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### Person Supporting Applicant

I have been providing the applicant with the following:

Housing:  Housing in my home  Money for housing  Bed at a shelter

Food:  Food in my home  Money for food

Other:  \$\_\_\_\_\_/month for other expenses (NOT housing or food)

I certify that to the best of my knowledge, the applicant is not receiving any type of income at this time.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Country (if outside of USA): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_