

VERIFICATION OF NO INCOME (VONI)

Applicant (Household Member)

Household Member Name: _____ Date of Birth: _____

Name preference (How would you like to be addressed?): _____

I have had no income since: _____ I do not expect to receive income until: _____

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

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: _____