



STATEMENT OF NO INCOME

NAME: _____

SS #: _____

DOB: _____

I give permission to EDEN Inc. to obtain verification from the following sources to confirm that I receive **NO** benefits from these agencies.

_____ Social Security Administration
_____ Dept of Human Services/Ohio Works First

_____ Veterans Administration
_____ Bureau of Unemployment

I hereby authorize the release of the requested information.

Applicant

Witness Signature (not notary)

STATE OF OHIO
COUNTY OF CUYAHOGA

I, _____, FIRST BEING DULY SWORN, DEPOSES AND SAYS:
(PRINT NAME)

1. That he/she is eighteen (18) years of age or older,
2. That he/she is presently without income,
3. That he/she is presently residing in subsidized housing,
State program: _____
4. That he/she is required to report, IN WRITING WITHIN SEVEN (7) DAYS, any changes in income to EDEN Inc. offices.

FURTHER, AFFIANT SAYETH NOT.

(Signature)

Sworn to and before me and subscribed in my presence this _____ day of _____, 20_____.

(Notary)

A Housing Resource and Development Agency

7812 Madison Avenue, Cleveland, OH 44102 (216) 961-9690 FAX (216) 651-4066
Shelter Plus Care FAX (216) 651-6692 www.edeninc.org info@edeninc.org