

Department of Family and Support Services (DFSS)
2025 CSBG SCHOLARSHIP PROGRAM

NO INCOME / NO PROOF OF INCOME AFFIDAVIT

Please complete this affidavit if necessary and make additional copies as required.

Name (Print): _____ Date: _____

Address: _____

City & State: _____ Zip Code: _____

Choose one of the following statements and provide requested information:

☐ I HEREBY CERTIFY THAT I HAVE NO INCOME – Indicate monthly period with **NO INCOME**

0 - 30 Days (Last 30 days)

By certifying that you have "No Income," please provide explanation in the space provided below or attach a supporting letter as to how you are able to provide for basic living expenses such as housing, utilities, and food.

☐ I HEREBY CERTIFY THAT I HAVE NO PROOF OF INCOME – Indicate monthly \$ amount for period with **NO PROOF OF INCOME**

0 -30 Days (Last 30 Days)

With certifying that you have "No Proof of Income," please provide explanation in the space provided or attach a supporting letter as to the absence of any income receipts and the service or product provided to receive this income.

SIGNATURE: _____ DATE: _____

WITNESS (PRINT NAME) _____ DATE: _____

WITNESS (SIGNATURE) _____ DATE: _____

This form must be witnessed. Anyone who knows the applicant may be the witness.

PLEASE NOTE: Parent or guardian signature is required if applicant is: 1) not 18 years of age or older; and/or 2) not self-supporting.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____