



Office of the Mayor-President

City of Baton Rouge
Parish of East Baton Rouge

Division of Human Development and Services
4523 Plank Road
Baton Rouge, Louisiana 70805

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Vernadine Mabry, MPA
DHDS Director

Pamela Stokes
Program Administrator

Zero Income Statement

Date _____

I, (Full name) _____, (SSN) _____-_____-_____
do hereby certify that I am unemployed and have no income for the following reason: (check appropriate reason(s))

- Laid off. Enter month and year of last date worked _____
- The job I had was seasonal and has ended
- I am unable to find employment
- I have been or am (circle one) injured and unable to return to work
- I expected to return to work by (month/year) _____
- I have small children and no one to care for them except me
- My only source of income is from _____
- I am no longer eligible for Unemployment Benefits
- I receive assistance from the La. Dept. of Social Services (Circle all that apply)
Food Stamps, TANF funds, OTHER: _____
- Other (please use the space below to write any conditions that are not covered above)

I understand that if I knowingly give incomplete, inaccurate, or incorrect information I am subject to criminal prosecution under Title 18 of the U.S. Code.

Signature _____

Customer Signature

Agency Representative



EQUAL OPPORTUNITY EMPLOYER