



P.O. Box 729
 Anadarko, OK 73005
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Wichita and Affiliated Tribes
 Low-Income Home Energy Assistance Program
 Community Service Block Grant Program
 Prepare, Prevent, and Respond Assistance Program
 General Assistance Program & Social Services Outreach Programs

Time of Arrival to Family & Children Services office

ZERO INCOME VERIFICATION

(For each individual household member(s) age 18 or over who are unemployed or declare zero income)

This section needs to be completed if applicant is not the HEAD OF HOUSEHOLD or primary income recipient

Head of Household's Name: _____

Last four digits of Head of Household's Social Security No: _____

Address: _____

City: _____ State: _____ Phone No. _____

TRIBAL MEMBER/APPLICANT STATEMENT

I, _____ Social Security # (last four digits) _____
 Age _____, Date of Birth _____ certify that I am a member of
 the above household which applied for services through the Wichita and Affiliated
 Tribes-Social Services Department, and at the present time do not have any
 income from any source(s). I also certify that the above information is true to the
 best of my knowledge and that I am aware that I may be penalized or denied
 benefits if I knowingly provide false information.

 Zero Income Claimant Signature

 Date