

STATEMENT OF NO INCOME

To Whom It May Concern:

I _____ have had no income
Printed Name

for the past 12 months.

DATE: _____

Name: _____

Address: _____

City,State,Zip: _____

Client Signature

MUST BE NOTARIZED

Before me, a notary public personally appeared the above named person.

Date: _____

Name: _____
Printed

Name: _____
Signature