



Certification of Zero Income

To determine eligibility for the Sault Tribe of Chippewa Indians Food Distribution Program, you must furnish proof of **ALL** household income. This form is to be completed by adult household residents with zero income from any source.

Name _____ Date of Birth ___/___/___

1. By initialing I hereby certify that I do not receive income from any of the following sources:

- a. Employment wages (commissions, boards, stipends, tips, bonuses, fees, etc); Initial _____
- b. Income from operation of a business (self-employment or contract); Initial _____
- c. Rental income from Real Estate or personal property; Initial _____
- d. Interest of dividends from assets, lottery winnings, etc; Initial _____
- e. Annuities, Insurance policies, death benefits; Initial _____
- f. Unemployment, strike pay, social security, pensions, VA or disability payments; Initial _____
- g. Alimony, child support, public assistance cash payment or supplemental income; _____
- h. Income from Foster Care or Adoption; Initial _____
- i. Any other source not named above; Initial _____

2. Choose one:

- I have had no income in the past 12 months
- I have had no income in the past 30 days
- Currently I have no income

3. Explain how rent, utilities, food and other necessities are paid for;

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes and act of fraud. False, misleading or incomplete information may result in a referral to the prosecuting attorney for fraud and/or recovery of funds (food value) paid on my behalf.

Printed Name _____

Signature _____ Date _____

Civil Rights Notice

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

- 1. mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or*
- 2. fax:(833) 256-1665 or (202) 690-7442; or
email:FNSCIVILRIGHTSCOMPLAINTS@usda.gov*

This institution is an equal opportunity provider.