



**POKAGON BAND OF POTAWATOMI INDIANS**  
Emergency Services Initiative

**Zero Income Form**

To determine your eligibility for the ESI Program you must furnish proof of all household income for the previous year.

If you had "0" income for the previous year, you must answer the following:

- 1) What was your income source? (Amount and source of income for all household members.)

**(Name)**

**(Source of Income)**

**(Amount)**

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- 2) If you have utility bills, how do you pay them? \_\_\_\_\_

- 3) How do you pay your rent? \_\_\_\_\_

- 4) How do you supply food for your household? \_\_\_\_\_

**I hereby certify that the information I have provided accurately represents the total income for each member of my household.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**