

PAFS-702
03/22

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Family Support

Date: _____
Case Number: _____

Name: _____
Address: _____

Return to:
P.O. Box 2104
Frankfort, KY 40602
Fax: (502) 573-2007

Proof of No Income

To client:

Ask a person to complete this form to verify you have no income. The person needs to know your situation well, not be related to you, and not be a member of your household.

To the person completing this form:

Complete this form if you can certify the individual's income situation.

I certify that to the best of my knowledge that _____ has no income.
(Client First Name, Last Name)

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment, or both.

I certify that the information contained in this form is true and correct to the best of my knowledge.

Signature _____ Date _____

Print name _____ Phone _____

Address _____

City _____ State _____ Zip _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
Stop 9430
1400 Independence Avenue, SW
Room 212-A Whitten Building
Washington, DC 20250

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This Institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 East Main Street., 5C-D, Frankfort, KY 40621 or call (502) 564-7770 EXT. 4107.

If you have other complaints about your SNAP case, you can call the Ombudsman's Office at (800) 372-2973 or (800) 627-4702 (TTY).

Web Site: <http://chfs.ky.gov>

An Equal Opportunity Employer M/F/D