



SYRACUSE LEAD PROGRAM

CITY OF SYRACUSE, MAYOR BEN WALSH

DECLARATION OF NO INCOME

City of Syracuse Department of Neighborhood and Business Development is required to verify all income and assets of anyone residing in the household under this program. To comply with this requirement, we ask your cooperation in supplying the information requested in the certification below. This information will be held in strict confidence and used only for the purpose of establishing your family's eligibility.

Certification

I, _____ do hereby certify that I do **not** receive income from any source. I understand sources of income include, **but are not limited to the following**:

Wages/Employment by Other(s)
Unemployment Compensation
Social Security
Workers Compensation
Disability
Self-Employment
SSD/SSI

Retirement Funds
Alimony/Child Support
Income from Assets
Pensions
Annuities
Union Benefits
Family Support

I certify that the foregoing is true, complete and accurate. I authorize City of Syracuse Department of Neighborhood and Business Development to verify the information contained herein. I also understand that providing false statements or omissions are grounds for disqualification and/or prosecution under the full extent of the law.

***Significant is defined** as "at least two different days within any week (Sunday through Saturday period), provided that each day's visit last at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits last at least 60 hours."

Applicant Signature

Date

Upload this verification form with your online application here: <https://forms.gle/bqyRoCkh9f6Xnt4J6>
or Print and return to: 201 E Washington Street, 6 Floor, Syracuse, New York 13202.

GROWTH. DIVERSITY. OPPORTUNITY FOR ALL.