

Aging and Disability Services Division
Developmental Services

Statement Regarding Filing Income Tax/Unemployment

(Person Served First, Last Name)

This form is used to confirm that (check all that apply):

I did not file federal income taxes for the previous tax year
AND/OR (Tax Year)

No one in the household is currently employed.

(Head of Household Name First, Last)

(Head of Household Signature or Mark)

(Signature Date)