

**Department  
of  
Labor**

P.O. Box 67, Concho, OK 73022



DREAMS Program  
Anne Pedro, Director  
1.800.247.4612. Ext 27662  
Office (405) 422-7662  
Fax# 405-422-8243  
[dreamsgroup@cheyenneandapaho-nsn.gov](mailto:dreamsgroup@cheyenneandapaho-nsn.gov)

## NO INCOME STATEMENT

Please complete and send to the DREAMS Program by e-mail: [dreamsgroup@cheyenneandapaho-nsn.gov](mailto:dreamsgroup@cheyenneandapaho-nsn.gov)  
OR mail to P.O. BOX 67, Concho, OK 73022 OR Fax 405-422-8243

Please explain why you do not currently have an income, and also explain how your needs are currently being met.

I, \_\_\_\_\_, currently do not receive any monetary income because:

Please check all that apply:

- ☐ Last employment within the last six (6) months was at \$ \_\_\_\_\_/hr.
- ☐ I have NOT had employment in the last six (6) months.
- ☐ Layoff/Reduction of Force
- ☐ Termination/Resignation
- ☐ Dislocated worker
- ☐ Homemaker
- ☐ Illness/Caring for a sick family member
- ☐ Furthering Education
- ☐ Other: \_\_\_\_\_

Please check all that apply:

- ☐ I receive SNAP benefits.
- ☐ I receive TANF benefits.
- ☐ I receive WIC benefits.
- ☐ I receive Unemployment.
- ☐ I receive NO benefits.
- ☐ Other: \_\_\_\_\_

I hereby certify that the above statement/information is true.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### MUST BE NOTARIZED

- ☐ Tribal I.D. Card Roll# 2801A \_\_\_\_\_
- ☐ Other I.D. \_\_\_\_\_ Type: \_\_\_\_\_ expires \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My commission expires on: \_\_\_\_\_