

SMILES, INC.

ZERO INCOME STATEMENT

Date: _____

I _____, HEREBY STATE THAT _____
(WITNESS) (CLIENT)

HAD ZERO INCOME FOR THE MONTH OF _____, 20 _____. I FURTHER STATE THAT HE/SHE IS OVER THE AGE OF 18 AND CURRENTLY NOT IN SCHOOL. I THE UNDERSIGNING DOES UNDERSTAND THAT PROVIDING A FALSE STATEMENT TO A STATE NOTARY OF TENNESSEE WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

SIGNATURE OF CLIENT

WITNESS

COPY OF TENNESSEE DRIVER LICENSES ABOVE

STATE OF TENNESSEE
COUNTY OF MARION

I, THE UNDERSIGNED AUTHORITY A NOTARY PUBLIC IN AND FOR SAID STATE AND COUNTY, HEREBY CERTIFY THAT THE ABOVE INDIVIDUAL SIGNATURES STATE THAT THE ABOVE STATEMENT IS TRUE AND CORRECT, AND HAS PROVIDED CORRECT ID WITH THE APPLICATION OF HIS OR HER SIGNATURES TO THIS DOCUMENT, ACKNOWLEDGED, BEFORE ME ON THIS DATE, THAT BEING INFORMED OF THE CONTENTS OF SAID DOCUMENTS EXECUTED VOLUNTARILY ON THIS DATE _____.

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS DAY _____ OF _____ YEAR _____.

STATE OF TENNESSEE NOTARY _____

MY COMMISSION EXPIRES _____