**(AGENCY LETTERHEAD)**

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

**NO INCOME (ZERO INCOME) STATEMENT**

*Each adult (ages 18+) household member reporting no income (zero income) is required to complete a section below.*

**Application #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult #1**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have received no income during the last thirty (30) days or from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I authorize (**AGENCY**) to examine my tax return in order to verify my income. I understand that, in the case of misstatement of “no income”, I may be liable for the full value of any assistance received and subject to criminal prosecution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Social Security # Date

**Adult #2**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have received no income during the last thirty (30) days or from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I authorize (**AGENCY**) to examine my tax return in order to verify my income. I understand that, in the case of misstatement of “no income”, I may be liable for the full value of any assistance received and subject to criminal prosecution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Social Security # Date

**Adult #3**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have received no income during the last thirty (30) days or from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I authorize (**AGENCY**) to examine my tax return in order to verify my income. I understand that, in the case of misstatement of “no income”, I may be liable for the full value of any assistance received and subject to criminal prosecution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Social Security # Date

***For additional adults with No Income (Zero Income), begin another form.***