



EVERYBODY MATTERS

SMOC Fuel Assistance

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 this statement form.

Application #: _____

I, _____, certify that I have (**choose one** of the following)

Print Name

Never received any income.

OR

Received no income or money from ____/____/____ to ____/____/____.

Date last received income/money

Current date or date started to receive income/money again

Indicate the type of income that stopped:

Indicate the reason why the income stopped:

I authorize (**AGENCY**) to examine my tax return in order to verify my income. I understand that, in the case of a fraudulent statement or misstatement of "no income", I may be liable for the full value of any assistance received and subject to criminal prosecution.

Signature of Person

Date