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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 certify that all statements contained on this form and in my application are true. I authorize CAPV 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.

Signature of Person

Date