

No INCOME ASSISTANCE STATEMENT



****IMPORTANT: Your application may be denied if you do not complete this form****

No INCOME DECLARATION

I _____, do hereby declare that I have received no income for the months of _____, _____, and _____.

Income is understood to include but is not limited to the following: Wages from an employer, unemployment insurance, time loss for work-related injuries, child support received, military or other pension payments, social security, supplemental security income, TANF, work-study programs, money received through self-employment, or odd jobs in exchange for food, shelter, or utilities.

I have been meeting my basic living needs for food, shelter and utilities in the following way:

If a friend or relative is helping pay your bills, please list name(s) and phone number(s)

Food: _____

Shelter: _____

Utilities: _____

I authorize the LEKT LIHEAP program to verify the information offered on this Zero Income form.

APPLICANT SIGNATURE

DATE

I have verified through ACES there are no conflicts of income information apparent at the time of application and any conflicts have been clarified and explained in the memo to record on file for this client.

LIHEAP COORDINATOR SIGNATURE

DATE