Energy Assistance Program Zero Income Verification Affidavit

This form is to be completed by anyone claiming zero income

Household Member: ______________________________________

Section 1: I received income in the following amount: $_________________ during the following month(s), but there is NO documentation. (Circle all that apply and write the year above the month).

Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Section 2: I received NO income (See * below for examples) during the following months. (Circle all that apply and write the year above the month).

Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Section 3: State, Federal or other assistance. (List ALL sources and approximate amounts that you received to help you meet your living expenses over the past 12 months). (For example: Section 8 Housing, money from relatives or other household member, Township Trustee, food pantry, churches, etc.)

Please explain how you are able to pay the following expenses if claiming zero income for the past 12 months. (i.e., child support, Housing Authority, odd jobs, spouse works, etc.) Include the amount of assistance received for each category and source.

Rent/Mortgage:

Utilities:

Food:

Other Household Expenses:

I acknowledge that 18 U.S.C. § 1001, “Fraud and False Statements,” provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years. I certify that the information provided is true and correct. I understand that by giving false information on this form I am subject to criminal penalties pursuant to IC 35-43-5-3.

I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

__________________________________________________   Date: ____/____/____
Signature of Zero Income Applicant

*Examples of types of income: wages, salaries, commissions, bonuses, profit sharing, cashed out vacation or sick pay, tips, Black Lung Pension Disability payments, disability payments from insurance, dividends, interest, gambling winnings, pensions, railroad retirement benefits, military allotments, regular life insurance payments, workers compensation, veterans benefits, unemployment compensation, strike benefits, social security benefits, and royalties.

WITNESS my hand and seal this ______ day of ___________________ 201__.

County of Residence:  __________________________       Notary Public -Signature
Commission Expires:  __________________________       Notary Public -Printed Name

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

Date: ____/____/___ Application#: _________________
LSP INTERNAL USE ONLY

LSP Representative Signature

Indiana Housing & Community Development Authority