

**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

**What is the source of this income?**

\_\_\_\_\_

**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.

**NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)**

**WITNESS** my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.

County of Residence: \_\_\_\_\_ Notary Public -Signature \_\_\_\_\_

Commission Expires: \_\_\_\_\_ Notary Public -Printed Name \_\_\_\_\_

*LSP INTERNAL USE ONLY*

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Application#: \_\_\_\_\_

LSP Representative Signature

