

Energy Assistance Program Zero Income Verification Affidavit

Household Member: _____

SSN: ____ - ____ - ____

Are you the Head of Household (HOH): ____ YES ____ NO

Section 1: I received \$ _____ 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* from any source for 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: Assistance (List ALL sources of assistance to meet household living expenses over the past 12 months).

Housing: _____ Utility: _____

Food: _____ Other: _____

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 different types of income: gross wages, salaries, commissions, bonuses, profit sharing, cashed out vacation or sick pay, tips, income received in installments from the sale of property, profits or gains from the sale of assets, 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, TANF, 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