



## Community Action Programs Inter-City, Inc.

# 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 CAPIC 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