Energy Assistance Program Zero Income Verification Affidavit This form is to be completed by anyone claiming zero income

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).									What is the source of this income			
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
	n 2: I reco		_income ((See * bel	ow for ex	kamples)	during t	he follow	ing mon	ths. (Circle	e all tha	t apply and write the year
Jan	 Feb	—– Mar	—— Apr	—— May	 June	July	—— Aug	 Sept	Oct	—– Nov	Dec	
Towns	hip Trust	ee, food ain how y g Authori	pantry, c	hurches, o	etc.) the follow	ving expe	enses if c	laiming ze	ro incom	ne for the	past 12	her household member, months. (i.e., child support, ch category and source.
Utilit	ies:											
Food	:											
Othe Expe	r Househ	old										
judicial materia to conta that the	branch of t I fact; (2) m iin any mat informatio	the Govern akes any m erially false on provided	ment of the aterially fal , fictitious, is true and	e United Sta se, fictitious or fraudule correct. I ur	ates, anyon , or fraudul nt statemen nderstand t	e who kno ent statem nt or entry hat by givi	owingly and nent or repi ; shall be fi ng false inf	d willfully: resentation ned under t ormation o	(1) falsifies or (3) mal his title, an n this form	s, conceals, kes or uses a nd/or impris I am subjec	or covers ny false w oned for i t to crimin	liction of the executive, legislative, or up by any trick, scheme, or device a riting or document knowing the same not longer than five (5) years. I certify al penalties pursuant to IC 35-43-5-3 n for this purpose.
							_	Date:	/	_/		
*Examp disabilit	les of types y payments	s from insur	: wages, sa ance, divide	llaries, comi	st, gamblinį	g winnings	, pensions,	railroad ret	irement be	nefits, milit	ary allotm	ck Lung Pension Disability payments, ents, regular life insurance payments,
		NO	TARY ACI	KNOWLED	OGEMENT	「(Use fo	r Weath	erization	Assistan	ce Progra	ım Refe	rral ONLY)
	IESS my h	nand and	seal this	d	ay of			201	·			
WITN		idence:				 Notary	Public -S	 Signature			_	
	ty of Res	idence.										
Coun	ty of Resi mission E										_	

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LSP Representative Signature