QUINCY COMMUNITY ACTION PROGRAMS

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):

- [ ] 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 authorize QCAP 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 and subject to criminal prosecution.

______________________________  ______________________
Signature of Person              Date
QUINCY COMMUNITY ACTION PROGRAMS
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LOW-INCOME / NO INCOME FORM

(For use in cases of "no income" or when monthly income is equal to or less than $100.00 after housing costs are deducted.) All sections of this form MUST be completed by Applicant.

Application #: ___________________ Date: ___________________

Applicant Name: ____________________________

Your monthly calculated income of $___________ is within $100 of your housing cost of $_________.

1) Please explain how you meet your basic living expenses specifically:

Utilities ____________________________________________

Rent/mortgage_______________________________________

Clothing/personal care, medical expenses__________________________

Car and/or transportation expenses___________________________

Other _________________________________________________

2) Do you have any overdue bills or collection notices? □ YES □ NO

If Yes, you must provide copies of those bills/notice.

□ Rent □ Mortgage □ Electric □ Gas □ Car Loan □ Medical

□ Credit cards □ Cable TV □ Telephone □ Other _______________________

3) Have you: a) made any withdrawals from your bank □ YES □ NO

If yes, submit copies of bank statements which show amounts and dates.

b) received support from others to help meet your living expenses? □ YES □ NO

If yes, completed Financial Assistance Statement form. A Financial Assistance Statement is required if the support for others has lasted over 30 days.

4) How do you obtain food? □ SNAP (Food Stamps) □ WIC □ Other ___________________

5) Do you receive other non-cash assistance? □ YES □ NO

If yes, please specify: ____________________________________________

I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true. I understand that I may be liable for the full value of any assistance received as a result of a fraudulent statement or a misstatement of information and subject to criminal prosecution.

Applicant Name: ____________________________ Date: ________________

(print name)

Applicant Signature: ____________________________ Date: ________________