

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 **ABCD** 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.

WAGE MATCH NOTICE

In accordance with state law (M.G.L. c.62E), the matching of income reported by Home Energy Assistance Program, weatherization, and/or heating system assistance recipients with wages reported by employers to the Massachusetts Department of Revenue (DOR) may be required. In this event, this **ABCD** will participate along with the Massachusetts Executive Office of Housing and Livable Communities (EOHLC) (formerly named Department of Housing and Community Development (DHCD)) in the Massachusetts Wage Reporting System (a wage match). We are asking all adult members of an Applicant's household (18 years of age or older) to provide their Social Security number for this purpose. The adult household members do not have to provide Social Security numbers to be determined eligible under the application for the Home Energy Assistance, weatherization, and/or heating system assistance programs.

Applicant Signature: _____ **Date:** _____
(MM/DD/YYYY)