

**Citizens For Citizens, Inc.
250 Griffin Street/1 Taunton Green
Fall River, MA 02724/Taunton, MA 02780**

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 am collecting unemployment

I authorize CFC 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

I, _____, certify that I have (**choose one** of the following)
Print Name

Never received any income. **or**

Received no income or money from _____/_____/_____ to_____/_____/_____.
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