Energy Assistance Program Income Verification Affidavit This form is to be completed by anyone claiming zero income or undocumented income for any month

Househol	d Membe	r:			Application Key:							
Section 1	: I verify t	hat I have re	eceived inc	ome as def	ined below	v. bv the m	onth but I	have NO do	ocumentat	ion for this	income.	
	-	ar below the				-						
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	
-		ot limited to: wa	-			=	-		-		ts,	
Section 2	: I receive	d <u>NO</u> incom	e during th	e following	months. C	heck all th	at apply ar	nd write the	year belov	w the mont	h.	
Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20_	Sept 20_	Oct 20	Nov 20	Dec 20	
Please list cash from f	ALL amou riends or fa	e amount of ints and <u>fron</u> imily, Townshi ETE THIS SE	n whom hel p Trustee, ch	lp was recei nurches, food	ved to mee I pantry, chil	t living expo d support, et	enses over c.)	the past 3 r	nonths. (E.g	., Section 8 F		
Rent/Mortgage:		Help Received: \$ From Whom: Paid to me □ Paid directly to landlord or mortgage company □										
Utilities:		Help Received: \$ From Whom: Paid to me Paid directly to utility										
Food:		Help Received: \$ From Whom: Paid to me □ Paid directly to grocery store/retailer □										
Other Household Expenses:		Help Received: \$ From Whom:										
		Paid to me		Paid directly to store/retailer								
legislative, of scheme, or or documen for not long subject to cr	or judicial br device a ma at knowing the er than five riminal pena	U.S.C. § 1001, ranch of the Go terial fact; (2) r he same to cor (5) years. I cer lties pursuant t n for this purp	overnment of makes any ma ntain any mate tify that the to IC 35-43-5-	the United Staterially false, erially false, fiinformation p	tates, anyone fictitious, or ctitious, or frowided is true	who knowing fraudulent state audulent state are and correct	gly and willfu atement or re ement or ent t. I understar	Illy: (1) falsificepresentation ry; shall be find that by given	es, conceals, ; or (3) make ned under thi ing false infor	or covers up s or uses any s title, and/or mation on th	by any trick, false writing imprisoned is form I am	
Signature	of Zero In	come Applic	ant				// Date	_				
_	-											
		NOTARY AC	KNOWLEDO	SEMENT (Us	se for Weat	herization	Assistance	Program Re	eferral ONL	Y)		
WITNESS	my hand	and seal this						0		·		
	f Residenc				tary Public							
Commiss	ion Expire	s:		Notai	ry Public -Pı	rinted Name	e					

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