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

lousehold Memb	)er:		Application Key:								
<u>Section 1:</u> I verify ncome. Please w					•		· ·	<u>IO</u> docum	entation fc	or this	
\$ \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
Jan Feb 20 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	
Income sources may ips, pensions, disabilinsurance payments, v	lity payments fro workers compe	rom any source ensation, une	rce, dividends employment	ls, interest, ga or strike ben	ambling winr nefits, social s	nings, railroa security ben	ad retirement nefits for any a	t benefits, mi	ilitary allotmo alties.)	ents, life	
Section 2: I receiv											
Jan Feb 20 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 	Oct 20	Nov 20	Dec 20	
other help. Please For example: Section Rent/Mortgage:	Help Recei	8 Housing, money from relatives, money from non-relatives, Township Trustee, churches, food pantry, child support, etc.)  Help Received:  From Whom:									
nong	Paid to me	Paid to me  Paid directly to landlord or mortgage company									
Utilities:	Help Recei			Paid o	_ From Wh						
	Help Recei			raiu (	-	•					
Food:		Paid to me ☐ Paid directly to grocery store/retailer ☐									
Other Household	Help Recei	ived:\$			_ From Wh	nom:					
Expenses:	Paid to me	Paid to me ☐ Paid directly to store/retailer ☐									
I acknowledge that 1 executive, legislative, up by any trick, schem or uses any false writi under this title, and/o giving false information an	or judicial brand me, or device a liting or documer or imprisoned foon on this form	nch of the Governaterial facterial facterial facterial for mot longererial am subject	overnment of t; (2) makes a the same to c er than five (5) tt to criminal	f the United S any materiall contain any r 5) years. I cert I penalties pui	States, anyon Ily false, fictit materially fal rtify that the i ursuant to IC	ne who know tious, or frau alse, fictitious information 35-43-5-3. <u>I</u>	vingly and will udulent staten is, or fraudule i provided is tr	Ifully: (1) fals ment or reprent statement rue and corr	sifies, concea resentation; on t or entry; sh rect. I underst	als, or cover or (3) make hall be fined stand that b	
Signature of Zero In	ncome Applic	ant			_	// Date	_				
	NOTARY ACI						Program Ro	eferral ONI	Y)		
WITNESS my hand		dav									
County of Residen	ce:		No	otary Public -	– Signature						
Commission Expire	es:		Nota	ıry Public -P	Printed Name	ie					