

# Zero Income Verification

Agency:  BVCAP  CAPLSC  CAPMN  CNCAP  HFHO  NENCAP  NWCAP  SENCA

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## CERTIFICATION OF ZERO INCOME

### (1) I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

- a. Wages and salaries from any type of employment (including commissions and fees)
- b. Income from the operation of a business (self-employment – Avon, Mary Kay, etc.)
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits
- f. Unemployment benefits
- g. Net gambling or lottery winnings
- h. Alimony
- i. Educational grants and/or scholarships or veterans benefits available for subsistence after deducting expenses for tuition, fees, and books
- j. Regular monthly cash contributions from an outside source (ex-husband, father, mother, brother, sister, aunt, uncle, etc.) to assist with monthly debt

(2) In the past months when you say you have had minimal, or no income, how did you pay for rent, utilities and other necessities? \_\_\_\_\_

(3) Do you receive any contributions that are not explained above?  Yes  No  
If yes, explain: \_\_\_\_\_

(4) Did you file a Federal Income Tax Return last year?  Yes  No

## SIGNATURES

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand what information is being requested and the ramifications of my not providing complete and truthful responses.

Print Name First, \_\_\_\_\_ Last \_\_\_\_\_

Sign Here Applicant Signature (zero income household member) \_\_\_\_\_ Date \_\_\_\_\_

Witness my hand and notarial seal on \_\_\_\_\_  
Date \_\_\_\_\_

Sign Here Signature of Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

**(This form must be completed by an individual 19 years or older who resides in the property)**

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.