



Energy Assistance Program Zero Income Affidavit

Household Member Name: _____ SSN: XXX-XX-_____

Section 1: I received income in the following amount: \$ _____ during the following month(s), but there is NO documentation. (Circle all that apply and write the year above the month).

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Section 2: I received **NO** income (See * below for examples) during the following months. (Circle all that apply and write the year above the month).

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Section 3: State, federal or other assistance (List ALL sources and approximate amounts that you received to help you meet your living expenses over the past 12 months) (e.g. Section 8 housing, money from relatives, other household member, Township Trustee, food pantry, etc.).

Housing: _____
Utility: _____
Food: _____
Other: _____

I certify under the penalties for perjury and fraud that the information provided above in this Zero Income Affidavit is true and accurate. I acknowledge that pursuant to 18 U.S.C. 1001 and 31 U.S.C 3729, false or fraudulent statements or claims are subject to up to five (5) years imprisonment and civil penalties up to \$10, 0000.00. I also acknowledge that **any misrepresentation of information or failure to disclose information requested on this Zero Income Affidavit may disqualify me from participation in the Energy Assistance Program ("EAP") and may be grounds for termination of my EAP assistance and/or repayment of the EAP assistance or any other assistance, such as weatherization, that I receive based on this fraud or omission.** I authorize state and federal agencies to verify any of this information and hereby consent to the release of my Indiana Tax Return for this purpose.

Signature of Applicant, Reporting Any Zero Income Date: ____/____/____

*Examples of different types of income: gross wages, salaries, commissions, bonuses, profit sharing, cashed out vacation or sick pay, tips, income received in installments from the sale of property, profits or gains from the sale of assets, Black Lung Pension Disability payments, disability payments from insurance, dividends, interest, gambling winnings, pensions, railroad retirement benefits, military allotments, regular life insurance payments, workers compensation, veterans benefits, unemployment compensation, TANF, strike benefits, social security benefits, and royalties

NOTARY ACKNOWLEDGEMENT (Use for Weatherization Assistance Program Referral ONLY)

WITNESS my hand and seal this _____ day of _____ 201 ____.

My County of Residence: _____ Notary Public -Signature _____

My Commission Expires: _____ Notary Public -Printed Name _____

LSP INTERNAL USE ONLY _____ Date: ____/____/____ Application#: _____

LSP Representative Signature