



# Zero Income Verification

Agency:  BVCAP     CAPLSC     CAPMN     CNCAP     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, Maintenance and/or Child Support
- i. Educational Grants and/or scholarships or Veteran 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
- k. **And**, I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve (12) consecutive months.

(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 report 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 18 years or older who resides in the property)**

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