



WORCESTER COMMUNITY ACTION COUNCIL, INC.
The Antipoverty Agency for Central Massachusetts
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
NO INCOME (ZERO INCOME) STATEMENT

Each adult (ages 18+) household member reporting no income (zero income) is required to complete a section below.

Application #: _____

Adult #1

I, _____, certify that I have received no income during the last thirty (30) days or from _____ to _____. I authorize WCAC to examine my tax return in order to verify my income. I understand that, in the case of misstatement of "no income", I may be liable for the full value of any assistance received and subject to criminal prosecution.

Signature

Social Security #

Date

Adult #2

I, _____, certify that I have received no income during the last thirty (30) days or from _____ to _____. I authorize WCAC to examine my tax return in order to verify my income. I understand that, in the case of misstatement of "no income", I may be liable for the full value of any assistance received and subject to criminal prosecution.

Signature

Social Security #

Date

Adult #3

I, _____, certify that I have received no income during the last thirty (30) days or from _____ to _____. I authorize WCAC to examine my tax return in order to verify my income. I understand that, in the case of misstatement of "no income", I may be liable for the full value of any assistance received and subject to criminal prosecution.

Signature

Social Security #

Date

For additional adults with No Income (Zero Income), begin another form.