



WORCESTER COMMUNITY ACTION COUNCIL, INC.
The Antipoverty Agency for Central Massachusetts
484 Main Street, 2nd Floor ♦ Worcester ♦ Massachusetts ♦ 01608-1810
Telephone: 508.754.1176 ♦ Fax: 508.754.0203 ♦ Website: www.wcac.net

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 this statement form.

Application #: _____

I, _____, certify that I have (**choose one** of the following)
Print Name

Never received any income.

or

Received no income or money from ____/____/____
to ____/____/____.

Date last received income/money

Current date or date started

to receive income/money again

Indicate the type of income that stopped:

Indicate the reason why the income stopped:

I authorize WCAC to examine my tax return in order to verify my income. I understand that in the case of a fraudulent statement or misstatement of "no income" I may be liable for the full value of any assistance received and subject to criminal prosecution.

Signature of Person

Date