SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
71 OBERY STREET
PLYMOUTH, MA 02360
FY2017

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

☐ Received no income or money during the last thirty (30) days

or

☐ Received no income or money from _____/_____/_____ to _____/_____/_____.

Date last received income/money — Current date or date started to receive income/money again

I authorize ***SSCAC, Inc.*** 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 of Person Date