



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 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 the Worcester Community Action Council 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