



**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

**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 (**AGENCY**) 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