



OFFICE OF  
**RESILIENCE AND  
COMMUNITY SERVICES**

**HOUSEHOLD  
PROOF OF NO INCOME FOR LIHEAP**

Name: \_\_\_\_\_

Date issued: \_\_\_\_\_

**To client:**

Have an individual who knows your situation well and who does not live with you and is not related to you complete this form to verify that you have no income.

**To the individual:**

Complete this form if you can certify the individual's household income situation.

I certify that to the best of my knowledge that \_\_\_\_\_  
has had or will have no income from any source during the following month(s):  
\_\_\_\_\_, \_\_\_\_\_, and  
\_\_\_\_\_.

**Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment or both.**

I certify that the information contained in this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Print name here \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bring this completed form with you when applying for LIHEAP benefits.**