



## 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 certify that all statements contained on this form and in my application are true. I authorize **Action, Inc.** 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.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Date

**Main Office**  
180 Main Street  
Gloucester, MA 01930  
978-282-1000

**Emergency Shelter**  
370 Main Street  
Gloucester, MA 01930  
978-282-1000

**Energy Services - North**  
47 Washington Street  
Gloucester, MA 01930  
**Energy:** 978-283-2131  
**Fuel Asst:** 978-282-1003

**Energy Services - South**  
3 Centennial Drive STE 230  
Peabody, MA 01960  
978-283-2131