

Iowa Low-Income Home Energy Assistance & Weatherization Programs

Community Action Agency _____

Applicant Declaration of Zero Income Household

This form is only to be completed when the application shows no income for entire household

I, as the applicant, hereby declare that the household member(s) listed below do not receive income from any of the following common sources of income:

1. Adoption Assistance, Dependent Care
2. Alimony
3. Bitcoin, Cryptocurrency, Dividends, Gambling, Lottery Winnings
4. Income from operating a business
5. Interest of dividends from assets
6. Internship
7. Long Term Disability Insurance, VA Service – Connected Disability pension
8. Lump-Sum Insurance policy payments
9. Rental Income from real or personal property
10. Retirement Income, Railroad Retirement
11. Social Security payments (Pensions, Annuities, Retirement Funds)
12. Unemployment Compensation
13. Wages from employment, self-employment, farm income, military pay (including Sales Revenue, Tips, Commissions, Bonuses and Fees, Training Stipends etc.)

Please list below all household members age 18 and over with zero income:

HH Member 1 _____

HH Member 2 _____

HH Member 3 _____

HH Member 4 _____

HH Member 5 _____

I certify, under the penalty of perjury that the information presented in this declaration is true and accurate to the best of my knowledge. I further understand that providing false representations and/ or withholding income information is a federal offense and can result in a fine of \$10,000 and/or imprisonment for no more than five years if convicted.

Printed Name: _____

Signature: _____

Date: _____