

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
Division of Housing and Community Resources

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**Affidavit of No Income for Household Member**

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

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

Client Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

I certify that, \_\_\_\_\_ (name of person without income)  
is a member of my household and does NOT receive earned income, benefits or dividends of any  
kind. I understand that it is my responsibility to provide information concerning any income  
received by my household and that this information must be reported promptly to a  
representative of the Weatherization Assistance Program.

\_\_\_\_\_  
*Signature of the Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of the Household Member*

\_\_\_\_\_  
*Date*

Notarize:

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A  
CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR  
MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO  
ANY MATTER WITHIN ITS JURISDICTION.**