

New Jersey Department of Community Affairs
Lead Assistance Program

Certification of No Income

This form should be completed by the applicant or member of the household over the age of 18 who certify that they have zero income.

Agency Name: _____

Applicant Name: _____

Applicant Street Address: _____

Applicant City, Zip Code: _____

By signing below, I certify that I did **not** receive earned income, benefits, or dividends of any kind. I understand that it is my responsibility to provide information concerning any income received and that this information must be reported promptly to a representative of the Lead Assistance Program. I authorize the Department of Community Affairs to solicit and obtain information about my income and verify that I am eligible to participate in this program. I understand that I, along with the members of my household, may face criminal, civil, and administrative penalties for any fraud or misrepresentation of the information contained in my application.

I am the applicant.

Applicant Signature: _____ **Date:** _____

I am a member of the applicant's household.

Household Member Signature: _____ **Date:** _____

Household Member Name: _____

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.