
Affidavit of No Income for Member of Household

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.**