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## Affidavit of No Income For Applicant

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

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

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

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

I certify that I do 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.

\_\_\_\_\_  
**Name of the Applicant**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
**Date of Signature**

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 DEPARMTENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.**