
Income Verification Form

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I give my permission for the Weatherization Assistance Program to verify all sources of income. 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 DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.
