

COMMUNITY ACTION, INC. (CAI)

FY2024

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

NO INCOME (ZERO INCOME) STATEMENT FORM

Each adult (ages 18+) household member reporting no income (zero income) is required to complete this statement form.

Application #: _____

I, _____, certify that I have (**choose one** of the following)

Never received any income.

OR

Received no income or money from _____

_____ / _____ / _____ to _____ / _____ / _____
Date last received income/money Current date or date started
to receive income/money again

Indicate the type of income that stopped: _____

Indicate the reason why the income stopped: _____

I certify that all statements contained on this form and in my application are true. I authorize CAI to examine my tax return in order to verify my income. I understand that in the case of a fraudulent statement or misstatement of "no income" I may be liable for the full value of any assistance received.

Signature

Date

CHILD SUPPORT/ALIMONY DOCUMENTATION FORM

Applicant Name: _____

Application #: _____

If your household receives child support or alimony (spousal support), please complete this form and return it **with the required supporting documentation** to CAI.

I, _____, (Applicant) understand that I will be held liable if I have misstated or understated in any way the child support/alimony my household receives.

Please provide the following information grouped by the person providing the household child support/alimony.

Name of noncustodial parent or ex-spouse providing the support: _____

Name of child(ren): _____, _____, _____

☐ The household has **NOT** received any child support/alimony since _____.

OR

☐ The household has **NEVER** received child support/alimony.

OR

☐ The household **DOES** receive child support/alimony. The amount received: \$ _____ (**circle one**)
weekly/bi-weekly/monthly

Is the Applicant the adult household member that receives this support? ☐ Yes ☐ No

If no, name of other household adult receiving support: _____

For each source of child support/alimony, one of the following documents is required:

- Copies of canceled child support/alimony **checks or money orders** from source;
- Copy of the **court order or divorce decree** that indicates the amount paid and how often it's paid;
- Copy of an attorney of record or legal agency **letter** representing the Applicant that indicates the amount paid and how often it's paid;
- Notarized letter** from support source;
- Mortgage/rent paid** in lieu of, or in addition to child support/alimony is countable income. A copy of the court order, decree or other legal document specifying the amount and frequency of such payments if required; or,
- Department of Revenue** (1-800-332-2733) payment history.

Signature

Date