MARYLAND OFFICE OF HOME ENERGY PROGRAMS **DECLARATION OF ZERO INCOME**



Instructions: All household members age 18 and older who have had no income in the last 30 days must sign this form. Income includes but is not limited to: wages, self-employment, Social Security, TCA/TDAP, Unemployment, monetary gifts and loans. Each person declaring they have had no income in the last 30 days is referred to as the "Declarer" and must print, sign, and date the lines below.

Applicant's Name:			
Applicant's Client ID #: Local agency will prov	ide		
certify that I have had no income of my own d	luring the past thirty (30) day	/s, from	to
I swear (or affirm) that all information on this de and belief.	eclaration is true, correct and	d complete to the bes	t of my ability, knowledge
give permission to the Office of Home Energy check all household income, bank accounts, ho governmental/non-governmental agencies to g application.	ousing expenses, insurance	s and any other benef	fits and for other
Maryland has a fraud law. Punishment can oc energy costs.	cur for not telling the truth w	hen applying for assis	stance to pay home
understand that I will be penalized by fine and this statement binding.	d/or imprisonment for giving	false statements. My	signature below makes
When this form is completed by other than the which he/she is aware in the financial circumst			
Declarer's Name	Declarer's Signature		Date Signed
Declarer's Name	Declarer's Signature		Date Signed
Declarer's Name	Declarer's Signature		Date Signed
Declarer's Name	Declarer's Signature		Date Signed
Declarer's Name	Declarer's Signature		Date Signed
Declarer's Name	Declarer's Signature		Date Signed
OFFICE USE: Date received: Reviewed and approved: Worker's Signature.	weet tree	Doto	
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