

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE,
UNIVERSAL SERVICE FUND & WEATHERIZATION PROGRAMS**

ZERO INCOME STATEMENT

(For each individual household member(s) age 18 or over who are unemployed; not full time students.*)

Head of Household/Applicant's Name: _____

Last four digits of Head of Household/Applicant's Social Security #: _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

MEMBER STATEMENT

I, _____ Social Security # (last four digits) _____

Age _____, Date of Birth _____ certify that I am a member of the

above Household which applied for USF/LIHEAP/WAP benefits, and at the present time do

not have any income from any source(s). I also certify that the above information is true to

the best of my knowledge and that I am aware that I may be penalized or denied benefits if I

knowingly provide false information.

Zero Income Claimant Signature

Date

*All income for a head of household who is also a full time student is to be counted

Return this form to the following Address:

MCOHA

97 BASSETT HWY

DOVER, NJ 07801