

Palmetto Community Action Partnership

DECLARATION OF ZERO INCOME (Applicant)

The Community Services Block Grant (CSBG) and Low-Income Home Energy Assistance Program (LIHEAP) provides an array of funding for local community initiatives, including assistance for program-eligible households in areas such as education, employment, emergencies, housing, nutrition, health care and energy. Community programs are intended to encourage families toward self-sufficiency. To comply with this requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing program eligibility.

I understand sources of income include, but are not limited to, the following:

Wages	SSI	Annuities
Self-Employment	AFDC	Rental Income
Unemployment Compensation	Family Support	Union Benefits
Workers Compensation	Retirement Funds	Alimony
Education Grants/Work Study	Asset Income	General Assistance
Disability	Pensions	Other
Social Security		

I _____ do hereby declare that I have not received any income for the month(s)
(Applicant Name)

of: _____.

The reason that _____ has had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: _____	Amount \$ _____	+	\$ _____	+	\$ _____	=	_____	+	_____	=	_____
									(Months)		
Shelter: _____	Amount \$ _____	+	\$ _____	+	\$ _____	=	_____	+	_____	=	_____
									(Months)		
Utilities: _____	Amount \$ _____	+	\$ _____	+	\$ _____	=	_____	+	_____	=	_____
									(Months)		
Other: _____	Amount \$ _____	+	\$ _____	+	\$ _____	=	_____	+	_____	=	_____
									(Months)		

Average Monthly Income Total: _____

I certify that the information contained above is complete and accurate. Inquiries may be made to verify statements herein. I understand that I am signing this statement under penalty of prosecution to the full extent of South Carolina law. I also understand that false statements or omissions are grounds for disqualification and/or debarment.

Executed this ____ day of _____, 20____.

Print Name of Applicant

Signature of Applicant

Date

Agency Representative

Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency in the United States as to any matter within its jurisdiction.

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