



City of Cambridge/DHSP

Fuel Assistance Program

51 Inman Street, Cambridge, MA 02139

Phone: (617) 349-6252

Fax: (617) 349-6246

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

NO INCOME (ZERO INCOME) STATEMENT

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)
(print name)

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 (CCDHS) 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 of Person

Date