



DEPARTMENT OF ENERGY CONSERVATION

HOME ENERGY ASSISTANCE

346 CENTRAL AVENUE
JERSEY CITY, NJ 07307

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE &
UNIVERSAL SERVICE FUND 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 Head of Household/Applicant's SSN					
Address					
City		State		Zip Code	
Telephone		Email			

MEMBER STATEMENT

I, _____ with last 4 of SS# _____

Age _____ Date of Birth _____ certify that I am a member of the above Household which applied for USF/LIHEAP 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