2017 Home Energy Assistance Program

Negligible / No Income Reported Form

Primary Applicant Name: _____

Address: _____
Street City/Town State Zip Code

I. Determination of Financial Responsibility:

A. Landlord Name:_____
Address:_____
Telephone:_____ Weekly Rent:_____ Monthly Rent:_____

B. Amount of Rent Past due $ _____

C. Describe Arrangement with Landlord:
_____
_____
_____

II. Amount and sources of Income:

Previous Twelve Months		Previous Ninety Days	
Source (describe)	Amount	Source (describe)	Amount

III. Anticipated Amount and Source of Income (for the next ninety days) Describe:
_____
_____
_____
_____
_____

********** THIS DOCUMENT MUST BE NOTORIZED **********

I hereby certify that the above description of my financial situation and arrangement with my landlord are complete and accurate. I understand that supplying false or incomplete information in this document is an attempt to defraud the Federal Government.

_____ _____ _____ _____
Applicant Signature Date Notary Date

**********This form must be completed and notarized before the intake worker can sign off**********

_____ _____ _____ _____
Intake Worker Date Reviewer Date