

THIS FORM MUST BE NOTARIZED

CERTIFICATION OF ZERO INCOME

PLEASE READ THIS FORM CAREFULLY

FORM IS FOR ANYONE IN THE HOUSEHOLD 19 YEARS OLD OR OLDER AND DO NOT HAVE INCOME

PLEASE RETURN ORIGINAL FORM (NO COPIES)

I, _____ HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. WAGES FROM EMPLOYMENT (INCLUDING COMMISSIONS, TIPS, BONUSES, FEES, ETC.)
2. INCOME FROM OPERATIONS OF A BUSINESS.
3. RENTAL INCOME FROM REAL OR PERSONAL PROPERTY.
4. INTEREST OR DIVIDENDS FROM ASSETS.
5. SOCIAL SECURITY PAYMENTS, ANNUITIES, INSURANCE POLICIES, RETIREMENT FUNDS, OR DEATH BENEFITS.
6. UNEMPLOYMENT OR DISABILITY PAYMENTS.
7. PUBLIC ASSISTANCE PAYMENTS.
8. PERIODIC ALLOWANCES SUCH AS ALIMONY OR GIFTS RECEIVED FROM PERSONS NOT LIVING IN MY HOUSEHOLD.
9. SALES FROM SELF-EMPLOYED RESOURCES.
10. ANY OTHER SOURCES NOT NAMED ABOVE.

THERE IS NO IMMINENT CHANGE EXPECTED IN MY INCOME DURING THE NEXT TWELVE (12) MONTHS. UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION IN THIS CERTIFICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD.

SIGNATURE

DATE

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State of _____ County of _____ Sworn before me this

Month/Day Year

Notary Signature

My Commission Expiration date

Return form to East Missouri Action Agency 403 Parkway Dr PO Box 308 Park Hills MO 63601 to the ATTENTION of the Weatherization Department.

*All employees are subject to our privacy policy which is reinforced in our written guidelines. We maintain physical, electronic and procedural safeguards to guard your nonpublic information.