SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.
71 OBERY STREET
PLYMOUTH, MA 02360
FY2027

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

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 on this form and in my application are true. I authorize SSCAC 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

HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.INCOME