

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
AND
COMMUNITY SERVICE BLOCK GRANT

**STATEMENT OF SUPPORT
ZERO INCOME VERIFICATION**

Applicant Name _____

Date _____

Support Person(s) Name _____

Address _____

Telephone _____

I, _____, do hereby certify that during the period
of _____ to _____ that I provided the

Following support to _____
Name of Applicant

_____ Food _____ Clothing _____ Rent _____ Gifts*

(specify) _____ Other (specify) _____

I am not an adult member of this household and I am not a member of a zero income family. I further certify that to my knowledge the above named applicant has zero income.

Signature of Support Person(s)

Signature of Applicant

Relationship to Applicant _____

*Gifts are contributions of cash, goods, or services for basic necessities, which are made without any commitment for repayment.