

Douglas-Cherokee Economic Authority
Low Income Home Energy Assistance Program (LIHEAP)
& Neighborhood Service Centers
Self-Declaration of Zero Income

Date: _____

I, _____ certify that the following household members 18 years or older have zero income:

Name: _____ began not having income on _____
Date

Name: _____ began not having income on _____
Date

Name: _____ began not having income on _____
Date

Name: _____ began not having income on _____
Date

Name: _____ began not having income on _____
Date

Name: _____ began not having income on _____
Date

*All household members claiming zero income, even when someone in the home has income, need to be listed on this form.

I certify that the information above is correct. Falsifying and/or withholding income information is a federal offense and I can be convicted to a fine of \$10,000 or imprisonment for no more than five years or both under the state of Tennessee laws.

Signature of Applicant: _____ Date: _____